##### **ADCQR Registration Form**

##### **Australian Diabetes Clinical Quality Registry**

##### **Site name:**

##### Address:

##### Suburb: State: Postcode:

##### Past participation in Australian National Diabetes Audit (ANDA): YES [ ]  NO [ ]

##### Site ID (if known):

#### Centre care setting (select one):

#### [ ]  Primary Health Care [ ]  Secondary Health Care

#### [ ]  Tertiary Health Care [ ]  Centre of Excellence

#### Centre type (select one):

#### [ ]  Metropolitan [ ]  Regional [ ]  Rural [ ]  Remote

##### **Site contact name:**

##### Position:

Phone:       Email:

**Alternative site contact name:**

##### Position:

Phone:       Email:

[ ]  **YES - we wish to participate in the ADCQR**

 If **YES**, your preferred method of data collection (select one):

[ ]  Web-based data collection form (REDCap)

 [ ]  Paper-based data collection form

[ ]  Extract data from in-house database

[ ]  **NO - we DO NOT wish to participate in the ADCQR**

*Please send completed registration form to:*
ADCQR Coordinating Centre

Email: adcqr@monash.edu

Tel: (03) 9903-0566

Fax: (03) 9903-0069

****If you have any enquiries please do not hesitate to contact the ADCQR Coordinating Centre.