Blood Glucose Test Strip Six Month Approval

The National Diabetes Services Scheme (NDSS) is an initiative of the Australian Government administered with the assistance of Diabetes Australia.

This form allows access to additional subsidised blood glucose test strips after the initial six month period provided by the Scheme.

Your details

1 **Given name(s)**

2 **Family name**

3 **Date of birth**

Day / Month / Year

If person named in Q1 & Q2 is under 15 years old, the "Guardian or carer" section must also be completed.

4 **Medicare card (preferred) or DVA file number**

5 **NDSS card number** (Optional)

6 **By signing here, you are confirming that the information you have provided on this form is true and complete, and that you agree to the collection, use and disclosure of your information for the purposes set out in this form.**

Signed Dated / /

Need help with this form?

Call **1300 136 588** or visit **ndss.com.au**

TTY: 133 677 **Speak and Listen**: 1300 555 727

Translation: 131 450 **Internet Relay**: internet-relay.nrscall.gov.au

Guardian or carer

If the person named in Q1 & Q2 is under 15 years old, or is an adult receiving ongoing care, this section must be completed by a primary guardian or carer.

7 **Given name(s)**

8 **Family name**

9 **By signing here, you are confirming that:**

- **you are a primary guardian or carer for the person named in Q1 and Q2; and**
- **the information you and the person named in Q1 & Q2 have provided is true and complete; and**
- **both you and the person named in Q1 & Q2 agree to the collection, use and disclosure of your information for the purposes set out in this form.**

Signed Dated / /

Lodge this form in person at your local NDSS access point

Your information is protected by Commonwealth laws including the *Privacy Act 1988*. Diabetes Australia and our Agents are committed to protecting your privacy. For our privacy policy visit **ndss.com.au** or call **1300 136 588**.

Certifier

Only to be completed by a registered medical practitioner, nurse practitioner, or credentialled diabetes educator (CDE).

10 **Main reason for extension** (Choose one only):

- Inter-current illness ☐ (INT)
- Medication affecting blood glucose ☐ (MED)
- Clinical need for self-monitoring ☐ (CON)
- Diabetes management change ☐ (MON)
- Diabetes management not stable ☐ (MAN)

11 **Which are you?** (Choose one only):

CDE ☐ Endocrinologist ☐

GP ☐ Nurse practitioner ☐

Other registered medical practitioner ☐ ▶ Describe:

12 **Your full contact details** OK to use stamp

Your name
Medicare provider number/CDE number
Clinic/Hospital name
Address line 1
Address line 2
Suburb
State
Postcode
Phone number
Fax number

13 **By signing here, you are confirming the person named in Q1 and Q2 needs additional access to subsidised blood glucose test strips, for the reason given in Q10.**

Signed Dated / /