

This form must be completed when details have changed for a person registered for the NDSS or their primary guardian/carer. For change of Medicare card or DVA file number, call 1300 136 588.

## Person with diabetes

Start with your details as we would have them in our system.

**1 Title** e.g. Ms, Mrs, Miss, Mr, Dr

**2 Given name(s)**

**3 Family name**

**4 Date of birth**

Day	Month	Year
/	/	

If the person with diabetes is under 15 years old, the "Guardian or carer" section must also be completed.

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

**6 (Optional) NDSS card number**

**10 Sex** Male  Female  Intersex

**11 Daytime phone number (mobile preferred)**

For landlines, please include the area code.

**12 Alternative phone number** e.g. home or partner

**13 Address where you live**

Line 1

Line 2

Line 3

Suburb or town

State or territory  Postcode

**14 Postal address**

Same as address shown in Q13.

or

Line 1

Line 2

Line 3

Suburb or town

State or territory  Postcode

**15 Email address**

**16 Can we contact you about research opportunities?**

Yes  No

**17 Would you like to receive information about the education and support services delivered by your local NDSS Agent?**

Yes  No

Q18 must be answered.

**18 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 / /
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Your information is protected by Commonwealth laws including the *Privacy Act 1988*. Diabetes Australia and its Agents are committed to protecting your privacy. For our privacy policy visit [ndss.com.au](http://ndss.com.au) or call **1300 136 588**.

## What next?

If the person with diabetes is under 15 years old, or is an adult receiving ongoing care, a primary guardian or carer must complete the "Guardian or carer" section (next page).

Details of how to lodge this form are also given on the next page.

## Need help with this form?


Call **1300 136 588** or visit [ndss.com.au](http://ndss.com.au)

TTY: 133 677

Speak and Listen: 1300 555 727

Translation: 131 450

Internet Relay: [iprelay.com.au](http://iprelay.com.au)

 See the "Name changes" box (next page) for details of what we need to process your name change.

## Guardian or carer

If the person with diabetes is under 15 years old, or is an adult receiving ongoing care, this section must be completed by a primary guardian or carer.

Start with the details as we would have them in our system.

**19 Title** e.g. Ms, Mrs, Miss, Mr, Dr

**20 Given name(s)**


**21 Family name**

Now please provide any details that have changed.

**22 Title** e.g. Ms, Mrs, Miss, Mr, Dr

**23 Given name(s)**

**24 Family name**

 See the "Name changes" box (far right) for details of what we need to process your name change.

**25 Daytime phone number (mobile preferred)**

For landlines, please include the area code.

**26 Should written communication about the NDSS be sent to the person with diabetes?**

Yes   Go to 28

No   Go to 27

**27 Postal address**

Line 1

Line 2

Line 3

Suburb or town

State or territory  Postcode

**28 Email address**

**29 Relationship to person with diabetes**

Q30 must be answered.

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

- you are a primary guardian or carer for the person named in Q2 and Q3; and
- the information you and the person with diabetes have provided on this form is true and complete; and
- both you and the person with diabetes agree to the collection, use and disclosure of the provided information for the purposes set out in this form.

 Signed \_\_\_\_\_ Dated \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Lodging this form

**Post:** GPO Box 9824 in your capital city

**Fax:** 1300 536 953

**Email:** [ndss@diabetesaustralia.com.au](mailto:ndss@diabetesaustralia.com.au)

**In person:** NDSS Access Points (many pharmacies are NDSS Access Points) or your local NDSS Agent

## Name changes

To process name changes, we need a copy of **one** of the following documents:

- an amended (full) birth or citizenship certificate,
- a certificate of marriage or Registered Relationship,
- a decree of divorce or revocation of Registered Relationship,
- a Deed Poll, or
- a statutory declaration.

Please include a copy of your chosen document when you lodge this form.

## OFFICE USE ONLY

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