

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 Given name(s)

2 Family name

3 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.

4 Medicare card (preferred) or DVA file number

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5 Optional NDSS card number


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Now please provide any details that have changed.

6 Title e.g. Ms, Mrs, Miss, Mr, Dr, Mx

7 Given name(s)

8 Family name

 To process name changes, you must include a copy of **one** of the following documents when you lodge this form:

- 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.

9 Are you of Aboriginal or Torres Strait Islander origin?

Tick all boxes that apply.

No

Yes, Aboriginal

Yes, Torres Strait Islander

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

Suburb or town

State or territory Postcode

14 Postal address

Same as address shown in Q13

or

Line 1

Line 2

Suburb or town

State or territory Postcode

15 Email address

16 Can we contact you about research opportunities?

Yes

No

Q17 must be answered.

17 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 our Agents are committed to protecting your privacy. For our privacy policy visit 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 given on the next page.

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 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.

18 Given name(s)


19 Family name

Now please provide any details that have changed.

20 Title e.g. Ms, Mrs, Miss, Mr, Dr, Mx

21 Given name(s)

22 Family name

 To process name changes, you must include a copy of **one** of the following documents when you lodge this form:

- 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.

23 Daytime phone number (mobile preferred)

For landlines, please include the area code

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

Yes Go to 26

No Go to 25

25 Postal address

Same as address shown in **Q14**
(postal address of person with diabetes)

or

Line 1

Line 2

Suburb or town

State or territory Postcode

26 Email address

27 Relationship to person with diabetes

Q28 must be answered.

28 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 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

In person: NDSS Access Points

OFFICE USE ONLY

Received on

Processed by

on