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

### Person with diabetes

1. **Given name(s)**
   
2. **Family name**
   
3. **Date of birth**
   - Day
   - Month
   - Year

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

5. **Optional NDSS card number**

6. **Are you of Aboriginal or Torres Strait Islander origin?**
   - [ ] No
   - [ ] Yes, Aboriginal
   - [ ] Yes, Torres Strait Islander

7. **Can we contact you about research opportunities?**
   - [ ] Yes
   - [ ] No

8. **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 / /

### Guardian or carer

9. **Given name(s)**

10. **Family name**

11. **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 / /

### Certifier

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

12. **Main reason for extension**
   - [ ] Inter-current illness (INT)
   - [ ] Medication affecting blood glucose (MED)
   - [ ] Clinical need for self-monitoring (CON)
   - [ ] Diabetes management change (MAN)
   - [ ] Diabetes management not stable (MON)

13. **Which are you?**
   - [ ] CDE
   - [ ] Endocrinologist
   - [ ] GP
   - [ ] Nurse practitioner
   - [ ] Other registered medical practitioner

   **Describe:**

14. **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

15. **By signing here, you are confirming the person named in Q1 and Q2 needs additional access to subsidised blood glucose testing strips, for the reason given in Q12.**
   - Signed
   - Dated / /

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Need help with this form?

- Call 1300 136 588 or visit ndss.com.au
- TTY: 133 677
- Speak and Listen: 1300 565 727
- Translation: 131 450
- Internet Relay: iprelay.com.au

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.