

PLEASE COMPLETE BOTH SIDES OF THIS FORM

## Person with type 1 diabetes

1 Given name(s)

2 Family name

3 Date of birth

 /  / 

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 NDSS card number

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6 Email (we will usually contact you via email)

If you would prefer that we contact you via post, please tick here

7 Mobile number

8 Address where you live

Suburb	State	Postcode
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9 Which suburb is your usual pharmacy located in

10 By signing here, you are confirming that any continuous glucose monitoring products supplied to you through the NDSS are for you (the person with diabetes named on this form) only, the information you have provided on this form is true and complete, and you agree to the collection, use and disclosure of your information for the purposes set out in this form and the NDSS Registration Form.

Signature	Day	Month	Year
	/	/	

## 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.

11 Given name(s)

12 Family name

13 Email (we will usually contact you via email)

If you would prefer that we contact you via post, please tick here

14 Mobile number

15 Address where you live



Suburb	State	Postcode
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16 By signing here, you are confirming that:

- you are a primary guardian or carer for the person named in Q1 and Q2;
- any continuous glucose monitoring products supplied to you through the NDSS are for use by the person with diabetes named on this form only;
- 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 and the NDSS Registration Form, and where you are providing personal information about someone other than yourself, you will advise the other person of the privacy information contained in this form.

Signature	Day	Month	Year
	/	/	

## Certifier

Only to be completed by an authorised health professional who specialises in diabetes, as listed below.

17 Which are you?

- Endocrinologist
- CDE
- Other registered health professional who specialises in diabetes, please tick:
- physician    nurse practitioner    paediatrician
- None of the above   **You cannot certify this form**

18 The person with diabetes is

- aged 10 or under and meets **all** the mandatory criteria in Category A

(See over page for a detailed explanation of the criteria. Those children who turn 11 and have been accessing CGM products through the initiative will continue to have access. They will not need to be reassessed under Category B.)

OR

- aged from 11 to less than 21 years and meets **all** the mandatory criteria in Category B

(See over page for a detailed explanation of the criteria)

**AND meets one or more of the following** (tick as appropriate)

- frequent significant hypoglycaemia – more than one episode a year of significant hypoglycaemia requiring external, third party assistance; **and/or**
- impaired awareness of hypoglycaemia; **and/or**
- inability to recognise, or communicate about, symptoms of hypoglycaemia; **and/or**
- significant fear of hypoglycaemia for the child/young person or a family member/carer which is seriously affecting the health and wellbeing of the child or young person or contributing to hyperglycaemia as a reaction to this fear.

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**19 Is the person with diabetes currently using a CGM device?**

- Yes – they will continue to use their current CGM device and can access CGM products through NDSS Access Points without requiring a starter kit.
- Yes – but will commence using a different CGM device and will require a new starter kit.
- No – for new CGM users, a starter kit will be sent to the health professional listed at Q22.

**20 Which CGM device will the person with diabetes be using? (Please tick)**

- Dexcom G4 Platinum
- Dexcom G5 Mobile
- Medtronic Guardian Connect
- Medtronic MiniLink
- Medtronic Guardian 2 Link

**21 Certifier details**

Your name
Medicare provider number/CDE number

**22 Contact details for health professional receiving the starter kit, if applicable.**

Health professional name		
Email		
Clinic/Hospital name		
Address line 1		
Address line 2		
Suburb	State	Postcode
Phone number		

**23 By signing here, you are certifying that you have assessed the person named in Q1 and Q2 and confirm that they have met all relevant eligibility criteria, as indicated by your answers.**

Signature	Day	Month	Year
	/	/	/

## Eligibility criteria

### Category A

Children 10 years of age and younger with type 1 diabetes will be eligible for subsidised access to CGM with alarms if they fulfil **all** of the following criteria:

- the child is aged up to 10 years of age with type 1 diabetes; **and**
- the child is expected to benefit clinically from the use of CGM; **and**
- the family/carer has the willingness and capability to use CGM; **and**
- the family/carer has the commitment to actively participate in a diabetes management plan which incorporates CGM.

### Category B

Children and young people with type 1 diabetes aged from 11 to less than 21 years will be eligible for subsidised access to CGM with alarms if they fulfil **all** of the following criteria:

- the individual is expected to benefit clinically from the use of CGM; **and**
- the individual or family/carer has the willingness and capability to use CGM; **and**
- the individual or family/carer has the commitment to actively participate in a diabetes management plan which incorporates CGM;

**AND one or more** of the following criteria:

- frequent significant hypoglycaemia - more than one episode a year of significant hypoglycaemia requiring external, third party assistance; **and/or**
- impaired awareness of hypoglycaemia; **and/or**
- inability to recognise, or communicate about, symptoms of hypoglycaemia; **and/or**
- significant fear of hypoglycaemia for the child/young person or a family member/carer which is seriously affecting the health and wellbeing of the child or young person or contributing to hyperglycaemia as a reaction to this fear.

## Lodging this form

**This form must be certified by an authorised health professional. Once certified, send as follows:**

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

**Fax:** 1300 536 953

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

### Need help with this form?

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

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

**Translation:** 131 450

**Internet Relay:** [internet-relay.nrscall.gov.au](http://internet-relay.nrscall.gov.au)

## Privacy disclosure

Diabetes Australia respects your privacy. You can view our privacy policy, which contains information about how you can access and correct your personal information held by us, at [ndss.com.au](http://ndss.com.au) or you can ask for a copy by calling 1300 136 588.

Your NDSS Registration Form contains details about how we use, and who can access, your personal information. This includes information provided in this form. In addition to the entities identified in the Registration Form, Diabetes Australia may also disclose your personal information provided in this form to NDSS Access Points (pharmacies registered with the NDSS) and also to third parties authorised by the Commonwealth to receive this information. The Commonwealth may also track your usage of the CGM products and your usage may be reported to your treating health professional.

If you choose not to provide us with the information we need, we may not be able to provide you with CGM products through the NDSS.

**Further information on the CGM initiative is available at**

[ndss.com.au/cgm](http://ndss.com.au/cgm)

**or by calling the NDSS Helpline on 1300 136 588.**