Diabetes Alliance Expression of Interest Form

|  |  |
| --- | --- |
| Practice name |  |
| Address |  |
| Email |  |
| Phone number |  |
| Fax number |  |
| Contact name  |  |
| Contact’s position |  |
| Contact phone number  |  |
| Primary Care Improvement Officer (PCIO) |  |
| Month preferred |  |
| Days of week preferred |  |
| Number of GP’s participating |  |
| Number of Practice Nurse’s participating  |  |
| Electronic Referrals available?  |  |

Alliance admin Office use only:

Date submitted:

|  |  |
| --- | --- |
| Date introduction email sent |  |
| Proposed Clinic dates |  |
| Confirmed Practice Nurse in-service date  |  |
| Confirmed Clinic date(s)  |  |

Email to:

HNELHD-DiabetesAlliance@health.nsw.gov.au