

Diabetes What Now?

Registration form



Q 1. Do you have type 2 diabetes? YES

Q 2. How long have you been diagnosed? 1mth 2-6mths 7-12mths 1-5 years >5 yrs

Contact details			
Title: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	First name:	Surname:	
Home PH:	Mobile:		
Postal address:	Suburb:		
	Postcode:		
Membership details			
DAQ member	<input type="checkbox"/> NO	<input type="checkbox"/> YES	DAQ m'ship # _____
NDSS registrant	<input type="checkbox"/> NO	<input type="checkbox"/> YES	NDSS reg. # _____
Interested in joining	<input type="checkbox"/> DAQ	<input type="checkbox"/> NDSS	<input type="checkbox"/> Both
Send membership material	<input type="checkbox"/> DAQ	<input type="checkbox"/> NDSS	<input type="checkbox"/> Both
Dietary requirements - A morning tea will be provided on the day. (*We will try to contact registrants to discuss their specific requirements where possible if they have food allergies/intolerances)			
<input type="checkbox"/> Gluten free (including coeliacs) <input type="checkbox"/> *Food allergies <input type="checkbox"/> *Other *Please specify:			

- | Tick one | Date | Venue (Session Times: 9.30-11.30am) |
|--------------------------|----------------------|---|
| <input type="checkbox"/> | Wed 8 & Wed 15 Sep | Leichhardt One Mile Community Centre, 1-17 Denman Street, Leichhardt, 4305 |
| <input type="checkbox"/> | Tues 21 & Wed 29 Sep | Simeon Lord Room, Esk Library, 2 Redbank Street, Esk, 4312 |
| <input type="checkbox"/> | Tues 5 & Wed 13 Oct | Fassifern Community Centre, 4 Lt High St, Boonah QLD 4310 |
| <input type="checkbox"/> | Wed 20 & Wed 27 Oct | Community Room, Orion Shopping Centre, 1 Main Street, Springfield Central, 4300 |
| <input type="checkbox"/> | Tues 2 & Mon 8 Nov | Laidley Community Centre, 13 Mary Street, Laidley, QLD, 4341 |
| <input type="checkbox"/> | Wed 17 & Wed 24 Nov | Leichhardt One Mile Community Centre, 1-17 Denman Street, Leichhardt, 4305 |

Q 3. Would you be prepared to provide us with your General Practitioner contact details so that we may send your doctor notification of your registration for the sessions? NO YES

Doctor Contact details		
<input type="checkbox"/> Dr	First name:	Surname:
Postal address:	Suburb:	
	Postcode:	