

KELLION VICTORY MEDAL SCHEME

Application for Kellion Medal

Applicant details:

Title:	First name (block letters):	Last name (block letters):
Maiden name (if applicable):		Date of birth/age:
Current address:		
Home phone:	Mobile:	
Email:		
Date of diagnosis (day/month/year*):		
Name of hospital (to which you were first admitted*):		

*We understand you may not remember some of these facts. Any information you can provide will be helpful.

If you have any surviving relatives or friends who may remember the circumstances surrounding your diagnosis, could they please provide a written statement.

I hereby give my permission for an authorised Kellion Victory Medal Committee representative, to access information from my medical records regarding my eligibility for a Kellion Victory Medal.

I give consent to Diabetes Queensland to use my written story, interview me, take and use photographs, film or sound recordings of myself for purposes in connection with services that could include education, training, media, marketing, publications, web, reports, presentations and online media.

Signature:	Date:
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Please send completed form to:

Kellion Officer, Diabetes Queensland, GPO Box 9824 Brisbane Q 4001
For phone enquiries please call 1800 177 055

Funding to support this program is provided through the contribution of Diabetes Queensland members. More information about membership may be found at www.diabetesqld.org.au