|  |
| --- |
| **PLEASE FILL IN THIS FORM ELECTRONICALLY AND EMAIL TO** **member@adea.com.au** **\*INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED** |
| Title:  |  |
| First Name: |       | Last Name:       |
| Date of Birth:  | Click here to enter a date. |
| Gender: |  |
| Primary Email Address:       |
| Secondary Email Address:      Which University are you currently a student at:  Student Number:       |
| **Home Address** |
| Address:       | Suburb:       |
| State:  | Postcode:       |
| **Postal Address** [ ]  N/A (only select this when Postal Address is **SAME** as Home Address as above) |
| Address:       | Suburb:       |
| State:  | Postcode:       |
| **Work Place Address** |
| Work Place Name:       |
| Address:      | Suburb:       |
| State:  | Postcode:       |
| **State Branch Registration** Which State Branch would you prefer to receive events information? Please give at least 2 options: |
| First Option:  | Second Option:  |
| Phone(Home):       | Phone(Work Place):       | Mobile Phone:       |
| **Language**Do you speak any languages other than English? If yes, which language/s?Do you use this language in your work?  **Do you identify as an Aboriginal and/or Torres Strait Islander?**  |
| **Primary Discipline:**  |
| [ ]  Registered Nurse (RN or Division one) | [ ]  RN/RM (Registered Nurse and Registered Midwife) |
| [ ]  Direct Entry Midwife | [ ]  Accredited Practising Dietitian |
| [ ]  Registered Medical Practitioner | [ ]  Registered Pharmacist |
| [ ]  Registered Podiatrist | [ ]  Accredited Exercise Physiologist |
| [ ]  Registered Physiotherapist | [ ]  Aboriginal Health Practitioner |
| [ ]  Aboriginal Health Worker | [ ]  Aged/residential Care worker |
| [ ]  Dentist | [ ]  Enrolled Nurse (EN) |
| [ ]  Nurse Assistant | [ ]  Occupational Therapist |
| [ ]  Optometrist | [ ]  Psychologist |
| [ ]  Social Worker | [ ]  Company Representative |
| [ ]  Other Primary Discipline, please specify:       |
| **Advanced/Specialty Qualifications:** |
| [ ]  Accredited Pharmacist | [ ]  Advanced Accredited Practising Dietitian |
| [ ]  Certificate in Fitness(Fitness instructor) | [ ]  Certified Product (Insulin Pump/CGM) Trainer(CPT) |
| [ ]  Endorsed Nurse Practitioner | [ ]  Medical Specialist (e.g. Endocrinologist, Ophthalmologist) |
| ☐ Research(PhD/Masters) | [ ]  Other Advanced/Speciality Qualifications, please specify:       |

|  |
| --- |
| **Diabetes Education Qualifications (If any)** |
| [ ]  Certificate III Diabetes Management in General Care Setting |
| [ ]  Graduate Certificate in Diabetes Education / Care |
| [ ]  Graduate Diploma in Diabetes Education / Care |
| [ ]  Masters Degree – Coursework – in Diabetes Education / Care |
| [ ]  Masters Degree – Research – in Diabetes Education / Care |
| [ ]  Non - award Course in Diabetes Education / Care |
| [ ]  PhD – in Diabetes Education / Care |
| [ ]  Other Diabetes Education Qualification, please specify:       |

|  |  |
| --- | --- |
| **Areas of Practice** | **Estimated % of time spent in these areas** |
| [ ]  Academic |  |
| [ ]  Clinical  |  |
| [ ]  Education  |  |
| [ ]  Research |  |
| [ ]  Other Area of Practice, please specify:       |

|  |
| --- |
| **Professional Experience:** |
| [ ]  Aged Care | [ ]  CALD (Culturally and Linguistically Diverse Population) |
| [ ]  Carb Counting | [ ]  Cardiac | [ ]  CGM |
| [ ]  Designing education programs | [ ]  Diabetes in Developing Countries | [ ]  Diabetes in Pregnancy |
| [ ]  Diet and Nutrition | [ ]  Exercise Programs  | [ ]  Fertility |
| [ ]  Foot care | [ ]  GDM | [ ]  Health professional education |
| [ ]  Indigenous health | [ ]  Medication Review | [ ]  Mental Health |
| [ ]  Paediatrics | [ ]  Pre Diabetes | [ ]  Pumps |
| [ ]  Renal | [ ]  Research | [ ]  Weight loss / Bariatrics |
| [ ]  Writing for consumers | [ ]  Writing for Publication |  |
| [ ]  Other Specialty, please specify:       |
| How many years’ experience do you have in diabetes related work? |

|  |
| --- |
| **Primary Workplace:** |
| Diabetes Education Qualifications:  (\*N/A: Not involved in the speciality of Diabetes Education/Care ) |
| Current position requires ADEA CDE status?  |
| Current Employer:  |
|  For members who choose “Other”, please specify:       |
|  |
| **Do you provide outreach services?**  |
| **If yes, what services do you provide?** |
| [ ]  Outreach By Phone |
| [ ]  Outreach By Travel |
| [ ]  Outreach By Video Link |

|  |
| --- |
| **Role at Work:** |
| [ ]  Diabetes Educator | [ ]  Dietitian | [ ]  Doctor / Medical Specialist |
| [ ]  Exercise Physiologist | [ ]  General Nurse | [ ]  Manager |
| [ ]  Midwife | [ ]  Nurse Practitioner | [ ]  Pharmacist |
| [ ]  Physiotherapist | [ ]  Podiatrist | [ ]  Primary Health Care Nurse |
| [ ]  Researcher | [ ]  Staff Educator | [ ]  Teacher / Lecturer |
| [ ]  Telephone Service | [ ]  Other Role at Work, please specify:       |

|  |
| --- |
| **Workplace Region:**Please check your postcode on this Map and based on the colour choose the respective location<http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/locator> |
| [ ]  Inner Regional | [ ]  Major Cities | [ ]  Outer Regional |
| [ ]  Remote | [ ]  Very Remote |  |

|  |
| --- |
| **Secondary Workplace:** |
| Diabetes Education Qualifications:  (\*N/A: Not involved in the speciality of Diabetes Education/Care ) |
| Current position requires ADEA CDE status?  |
| Current Employer:  |
|  For members who choose “Other”, please specify:       |
|  |
| **Do you provide outreach services?**  |
| **If yes, what services do you provide?** |
| [ ]  Outreach By Phone |
| [ ]  Outreach By Travel |
| [ ]  Outreach By Video Link |

|  |
| --- |
| **Role at Work:** |
| [ ]  Diabetes Educator | [ ]  Dietitian | [ ]  Doctor / Medical Specialist |
| [ ]  Exercise Physiologist | [ ]  General Nurse | [ ]  Manager |
| [ ]  Midwife | [ ]  Nurse Practitioner | [ ]  Pharmacist |
| [ ]  Physiotherapist | [ ]  Podiatrist | [ ]  Primary Health Care Nurse |
| [ ]  Researcher | [ ]  Staff Educator | [ ]  Teacher / Lecturer |
| [ ]  Telephone Service | [ ]  Other Role at Work, please specify:       |

|  |
| --- |
| **Workplace Region:**Please check your postcode on this Map and based on the colour choose the respective location<http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/locator> |
| [ ]  Inner Regional | [ ]  Major Cities | [ ]  Outer Regional |
| [ ]  Remote | [ ]  Very Remote |  |

|  |
| --- |
|  |
|  |

|  |
| --- |
|  |
|  |
|  |  |  |  |

|  |
| --- |
| **Membership Type:**  |
| [ ]  **STUDENT MEMBER (12 months only):** Annual Fee $120 including joining fee= **Total $120.00 (includes GST).** *A student member is a student currently undertaking studies in the Allied Health Sector. A student member cannot vote, hold office or apply for recognition as a Credentialled Diabetes Educator. Student membership is a set 12 month period, upgrading of membership can be actioned once this 12 months has been fulfilled.*  |
| [ ]  I, the undersigned, do hereby agree that, in the event of my admission to membership of the Association, I shall be governed by the Constitution and By-Laws of the Association. [ ]  I hereby agree to abide by the ADEA Code of Conduct. |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: Click here to enter a date. |

**ADEA staff will contact you by phone to complete the payment transaction. Please ensure your contact details are accurate.**

**Privacy Statement** The ADEA is committed to protecting the personal information it collects from its members and staff. Please see ADEA’s Privacy Statement on our website: www.adea.com.au The ADEA undertakes to collect personal information only to the extent that is necessary for its functions and activities, retain that information only for as long as is required for those purposes, and to protect its use and disclosure while held. In meeting these commitments, ADEA will apply the National Privacy Principles developed by the Australian Privacy Commissioner. From time to time selected health professionals, pharmaceutical companies, research bodies, and/or associated companies have information to disseminate to ADEA members. ADEA will not provide contact information to such parties but will assess the request and, if its distribution will be of benefit to members, ADEA will arrange mail outs of this type, either by itself or through independent mail houses. No private, contact details may be provided to inquirers seeking access to a diabetes educator or for personal health management (not commercial) purposes. Your information may be audited for best practice standards and, in the case of assessing applications for credentialling, may be discussed with third party referees. For further details please refer to the ADEA Privacy Statement.