

Kellion Victory Medal Application

Personal details

Full name:

Maiden name (If appropriate):

Age: Date of Birth (day, month, year): / /

Current address:

..... Post Code:.....

Telephone: (Home)..... (Work)..... (Mobile).....

Email address:

Current Doctor / Endocrinologist (Who should provide a medical certificate to establish date of diagnosis):

.....

Name of Doctor who first looked after your diabetes:

Date of diagnosis: (day, month, year): / /

Name of Hospital to which you were first admitted:

A letter from a friend or a relative who can provide any information about your date of diagnosis or circumstances surrounding your diagnosis would be helpful.

Due to the Privacy Act of December 2001, Diabetes Tasmania is committed to maintaining your privacy.

In relation to your application for the Kellion Medal we require medical records. These records will be forwarded to Dr Alan E. Stocks to substantiate your claim. Please complete the following form and return to us as soon as possible.

I (please print full name).....

give permission to Dr Alan E. Stocks to access my personal medical records for the purpose of obtaining a Kellion Medal.

Signed:

Dated: / /

Kellion Victory Medal Carers Nomination Certificate

I wish to nominate Relationship to myself

Address:

Who has been supporting and caring for me while I have had diabetes since

Signed:

Dated: / /