

KELLION VICTORY MEDAL SCHEME APPLICATION FORM

PART A APPLICANT DETAILS

Title and full name (block letters)

Maiden / given name (if applicable)

Name you wish printed on the Kellion certificate

Home address

Email

Home phone

Mobile phone

NDSS number

Membership number (if applicable)

Date of birth

PART B MEDICAL INFORMATION

Current doctor / specialist (who may be contacted to help verify your diagnosis date)

Full name

Position

Phone number

Other doctor / specialist who may be contacted to help verify your diagnosis date

Full name

Position

Phone number

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Essential Date of diagnosis (Please include month and year as a minimum)

Please provide a brief comment as to how you know of your diabetes diagnosis date.

Note: please include separately any supporting documents that can verify the date of diagnosis eg., hospital admission forms, test results, letters from doctors / specialists, also any statements from family members etc. Sometimes life events (eg., family member birthday, etc.) can help to verify a recollection of the diagnosis date.

PART C CONSENT

I hereby given permission for a representative of the Kellion Advisory Committee, to access information from my medical records regarding my eligibility for a Kellion Victory Medal.

Applicants signature

Date

PART D SHORT STORY

Please provide a short story on your experiences living with diabetes. The following headings are provided as a guide only. Please feel free to tell your story in your own way.

Tell us about your diagnosis and, if possible, describe your family and experiences at this time.

How did you manage in your early years following diagnosis?

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What technologies and/or improvements in treatment have aided you the most?

Most important people who helped you manage and how?

What are some of the best achievements in your life?

What does this medal mean to you?

PART E MEDIA CONSENT

I hereby consent to [Organisation name] using my written story and photograph / video in media, reports, and online media to promote the Kellion Victory Medal Scheme.

Applicants signature

Date

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PART F NOMINATION FOR SUPPORTER CERTIFICATE

Name of Kellion Victory Medal applicant

Name of nominated supporter

Supporter's relationship to medal applicant

Date support started

What makes them special

Supporter contact details

Email

Home phone

Mobile phone

Kellion Victory Medal applicant signature

Date