

## Diabetes Alliance Expression of Interest Form

Practice name	
Address	
Email	
Phone number	
Fax number	
Contact name	
Contact's position	
Contact phone number	
Primary Care Improvement Officer (PCIO)	
Month preferred	
Days of week preferred	
Number of GP's participating	
Number of Practice nurse's participating	
Electronic Referrals available?	

Alliance admin Office use only:

Date submitted:

Date introduction email sent	
Proposed Clinic dates	
Confirmed Practice Nurse in-service date	
Confirmed Clinic date(s)	

Email to: [Simone.Dagg@health.nsw.gov.au](mailto:Simone.Dagg@health.nsw.gov.au)

AND

[HNELHD-DiabetesAlliance@health.nsw.gov.au](mailto:HNELHD-DiabetesAlliance@health.nsw.gov.au)