

Sub-Agent Application

SAM-F1 (V2)

Instructions

Use this form to apply to become a NDSS Sub-Agent. When your form is received it will be immediately assessed to determine the priority for processing. The priority is assessed based on your responses in comparison with other applications on hand at the time. You will be advised in writing of the timeframe for processing your application. A detailed application will assist in shortening the processing time. If additional information is required, this may affect your priority for processing.

Important Note for Pharmacies

If you are a pharmacy you will need to provide copies of the following documents when a site inspection is conducted: Pharmacy Licence, Location Approval and PBS Supplier Status.

When complete send the application to your local office of Diabetes Australia.

PART A: Applicant Details

Trading Name:		
Address:	State:	Postcode:
Company name:	ABN:	
Contact Name:		
Phone:	Mobile:	Fax:
Email:		

PART B: Business Details

The questions below relate to logistical details about your business.

	< 500m	500m-1km	> 1km
Where is the nearest bus stop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where is the nearest car park?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where is the nearest hospital, health professional or endocrinologist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	< 1000	1000-2000	> 2000
On average how many customers do you have each week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	
Are your opening hours equal to, or more than, similar businesses in your area?	<input type="checkbox"/>	<input type="checkbox"/>	
State your opening hours:			
Mon:	Tues:	Wed:	Thurs: Fri: Sat: Sun:

PART C: Level of Interest & Commitment to Diabetes

The questions on this page and the next relate to your business' level of interest and commitment to providing specialty services to people with diabetes.

	Yes	No
1 Do you have diabetes training and education programs in place for staff?	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you have a thorough knowledge of local diabetes support services?	<input type="checkbox"/>	<input type="checkbox"/>
3 Do you currently provide services to people with diabetes at no cost?	<input type="checkbox"/>	<input type="checkbox"/>
4 Does your business provide high quality customer service?	<input type="checkbox"/>	<input type="checkbox"/>
5 Can your business cater for language and cultural needs in your area?	<input type="checkbox"/>	<input type="checkbox"/>
6 Is your business actively involved with medical and allied health care service providers in your area?	<input type="checkbox"/>	<input type="checkbox"/>
7 Does your store currently meet relevant Occupational Health and Safety requirements?	<input type="checkbox"/>	<input type="checkbox"/>

Important Note: For each question above where you ticked YES please provide evidence in the spaces provided on following pages.

8 A. Are you prepared to make all relevant staff available for NDSS training?	<input type="checkbox"/>	<input type="checkbox"/>
B. Are you committed to providing the necessary support to ensure all staff successfully complete the training?	<input type="checkbox"/>	<input type="checkbox"/>
9 A. Is there a computer on the business' premises?	<input type="checkbox"/>	<input type="checkbox"/> If No go to Q10
B. Is the computer less than 3 years old?	<input type="checkbox"/>	<input type="checkbox"/>
C. Is the computer at least a Pentium processor?	<input type="checkbox"/>	<input type="checkbox"/>
D. Does the computer have a super VGA (1024 x 768) or higher – resolution monitor with 256 colours?	<input type="checkbox"/>	<input type="checkbox"/>
E. Does the printer have black and white high resolution?	<input type="checkbox"/>	<input type="checkbox"/>
F. Does the computer have browser Internet Explorer 5.5 or higher?	<input type="checkbox"/>	<input type="checkbox"/>
G. Does the computer have Microsoft Windows Operating System 2000 or greater?	<input type="checkbox"/>	<input type="checkbox"/>
H. Does the computer have 128 MB RAM or greater?	<input type="checkbox"/>	<input type="checkbox"/>
I. Does the computer have a PDF Viewer, for example Adobe Acrobat?	<input type="checkbox"/>	<input type="checkbox"/>
J. Does the computer have a Broadband Connection of 128k or greater?	<input type="checkbox"/>	<input type="checkbox"/>
10 A. Does the business have disabled parking in immediate proximity to the premises?	<input type="checkbox"/>	<input type="checkbox"/>
B. Is there wheel chair access to the front door?	<input type="checkbox"/>	<input type="checkbox"/>
C. Are the front doors wide enough for wheel chair access?	<input type="checkbox"/>	<input type="checkbox"/>
D. Are all the aisles wide enough for wheel chair access?	<input type="checkbox"/>	<input type="checkbox"/>
11 A. Does the business have a private area for consultation with individual registrants?	<input type="checkbox"/>	<input type="checkbox"/> If No stop here
B. Does the consultation area have seating?	<input type="checkbox"/>	<input type="checkbox"/>
C. Is there seating for more than one customer?	<input type="checkbox"/>	<input type="checkbox"/>

PART D: Use the spaces below and on the next page to provide evidence for Part C questions 1 – 7 where you answered 'Yes'.

1 Provide evidence of any diabetes training and education programs that are currently in place for the business' staff.

2 Provide evidence of your knowledge of the local diabetes support services.

3 Provide evidence of the no cost services that you are currently providing to people with diabetes.

Empty response box for question 3.

4 Provide evidence of your business' commitment to high quality customer service.

Empty response box for question 4.

5 Provide evidence of your ability to cater for language and cultural needs that are prevalent in your area.

6 Provide evidence of any active involvement your business has with medical and allied health care services in your area.

7 Provide evidence of how you meet occupational health and safety requirements.

ADDITIONAL COMMENTS