

## Access Point Application – Non Pharmacy

### Instructions

Use this form to apply to become an NDSS Access Point. Your application will be assessed and you will be provided with a response within 20 business days of receipt of a completed form. A detailed application will assist with the application process.

The completed form should be sent to your NDSS Agent, GPO Box 9824 in your capital city.

Please refer to the Access Point Guidelines for further information regarding the application process.

PART A: Applicant Details		
Trading Name:		
Contact Name:		
Address:	State:	Postcode:
Company name:	ABN:	
Phone:	Mobile:	Fax:
Pharmacy Email:		
Owners Name:		
Owners Email:		

PART B: Business Details					
1. Please tick the box which is relevant to your business type					
Community Health Centre	<input type="checkbox"/>	Diabetes Centre	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
Medicare Local	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	General Practice	<input type="checkbox"/>
Allied Health Practice	<input type="checkbox"/>	Integrated Care Centre	<input type="checkbox"/>	Aboriginal Health Service	<input type="checkbox"/>

2. Please provide details of specialty services that your business provides to people with diabetes:
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Information Technology	Yes	No
<b>The questions following will indicate to us the ability of your business to utilise NDSS Connect.</b>		
(a) Is there a computer on the business premises? <i>*if no go to part C</i>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Is the computer less than 3 years old?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Does the computer have a super VGA (1024 x 768) or higher - resolution monitor with 256 colours?	<input type="checkbox"/>	<input type="checkbox"/>
(d) Does the computer have Browser Internet Explorer 7 or 8? <i>(please note that IE9 is not compatible with NDSS Connect at this time)</i>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Does the computer have Microsoft Windows Operating System Window XP or greater?	<input type="checkbox"/>	<input type="checkbox"/>
(f) Does the computer have 512MB RAM or greater?	<input type="checkbox"/>	<input type="checkbox"/>
(g) Does the computer have PDF Viewer (eg. Adobe Acrobat)?	<input type="checkbox"/>	<input type="checkbox"/>
(h) Does the computer have a broadband connection of 512k or greater?	<input type="checkbox"/>	<input type="checkbox"/>
(i) Is your computer connected to a black and white printer with high resolution?	<input type="checkbox"/>	<input type="checkbox"/>

PART C: Level of Interest & Commitment to Diabetes	Yes	No
<b>The questions following relate to your business' level of interest and commitment to providing specialty services to people with diabetes.</b>		
1. Are you prepared to make relevant staff available for initial and ongoing NDSS training? (please speak to your local NDSS Agent for Training requirements)	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you currently have diabetes training and education programs in place for staff?	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details:		
3. Is your business actively involved with medical and allied health care service providers and diabetes support services in your area?	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details:		

4. Can your business cater for language and cultural needs in your area?						<input type="checkbox"/>	<input type="checkbox"/>
Please provide details:							
5. Do you have a dedicated area allocated for counseling and demonstration of Products to Registrants?						<input type="checkbox"/>	<input type="checkbox"/>
6. Please state your opening hours:							
Mon:	Tues:	Wed:	Thurs:	Fri:	Sat:	Sun:	

<b>ADDITIONAL COMMENTS</b>							

#### **PART D: References**

Please provide the details of three business referees below:

4. **Name:**

**Role/Position:**

**Phone:**

**Email:**

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5. **Name:**

**Role/Position:**

**Phone:**

**Email:**

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6. **Name:**

**Role/Position:**

**Phone:**

**Email:**

#### **PART E: Applicant Declaration**

I declare that the information on this form is true and correct.

**Applicant Signature:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Name/Position:** \_\_\_\_\_

#### **Office Use only**

*Date Received:* \_\_\_\_\_ *Received by:* \_\_\_\_\_