



diabeteswa

Freedom from Diabetes

## Kellion Victory Medal Application

1. **Full Name** (including title): \_\_\_\_\_
2. **Maiden Name** (if appropriate): \_\_\_\_\_
3. **Age** \_\_\_\_\_ **Date of Birth:** Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_
4. **Current Address** \_\_\_\_\_  
\_\_\_\_\_
5. **Home Tel** \_\_\_\_\_ **Work Tel** \_\_\_\_\_ **Mobile** \_\_\_\_\_
6. **Email** \_\_\_\_\_
7. **Present Doctor / Specialist** (who should be asked to provide a certificate regarding date of diagnosis) Please provide name, address and tel number  
\_\_\_\_\_  
\_\_\_\_\_
8. **Doctor / Specialist** (who first looked after diabetes\*)  
Please provide name, address and tel number  
\_\_\_\_\_  
\_\_\_\_\_
9. **Date of Diagnosis\*** Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_
10. **Name of hospital to which you were first admitted\***  
Please provide name, address and telephone number where known  
\_\_\_\_\_  
\_\_\_\_\_

\* After so many years it may be difficult to remember some of these facts. Any information you can remember will be helpful. If you have any surviving relatives or friends who may remember the circumstances surrounding your diagnosis, could they please provide a written statement.

I hereby give permission to Dr Alan Stocks, Chairman of the Kellion Victory Medal Committee to access information from my medical records regarding my eligibility for a Kellion Victory Medal.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please advise if you would be unable to attend a Kellion Award ceremony and would prefer for a medal and certificate to be posted to you.