

**Application for Kellion Victory Award Medal**  
Every year Diabetes WA presents the Kellion Victory Medal to those who have lived with insulin dependent diabetes for **50 years or more (diagnosed in 1975 or earlier)**. This medal recognises both the achievements of living a fulfilling life with diabetes and inspires younger people to reach their potential. The next presentation function will be in July 2025.

In addition, the **Kellion Carers Award** recognises many years of love, dedication and support to a spouse, family member or close friend supporting the person living with diabetes.

If you are interested in receiving a Kellion Victory Medal or awarding a Carers Award, please return this form to: Diabetes WA, PO Box 1699, Subiaco WA 6904. Alternatively call 1300 001 880 or email [marketing@diabeteswa.com.au](mailto:marketing@diabeteswa.com.au) for more information.

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| --- | --- | --- | --- | --- | --- | --- |
| **Full name** and title of applicant |  | | | | | |
| **Date of Birth** |  | | Maiden name:  (if applicable) | | |  |
| **Present Address** | Postcode: | | | | | |
| **Telephone** |  | | **Mobile** |  | | |
| **Email** |  | | | | | |
| **Present Doctor/specialist** |  | | | | | |
| **Address & phone**  May be contacted to provide details regarding diagnosis |  | | | | | |
| **Doctor/specialist**  who first looked after your diabetes \* |  | | | | | |
| **Address & phone**  May be contacted to provide details regarding diagnosis |  | | | | | |
| **Date of Diagnosis**  (day/month/year) if possible |  | Name of **hospital** to which you were first admitted | | |  | |
| *I hereby give my permission to Professor Stephen Twigg, Medical Administrator for the Kellion Victory Medal Committee, to access information from my medical records regarding my eligibility for a medal.*  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

\*We understand that after so many years it may be difficult to remember some of these facts.

Any information you can provide 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?

**Application for Kellion Carers Award** (We will contact you for further details)

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| Nominated **carers name** |  | | |
| **Carer relationship** to Kellion Medal Recipient |  | **Telephone:** |  |