



## Application Form 2009-2010

This questionnaire is confidential and will only be used for the purpose of the DMEG or the BDA unless agreed as stated in the data protection information at the end of this form. Your contact details will be released if you do not state otherwise – please ensure that you are happy for your contact details to be released.

**Please answer the following questions ticking the appropriate box/boxes where applicable**

	What is your British Dietetic Association Number? (important for members only web access) .....
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	Where is your main place of diabetes work? Hospital..... <input type="checkbox"/> Community..... <input type="checkbox"/> Other..... <input type="checkbox"/>
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	FORENAME: .....
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	JOB GRADE: <i>please state</i> ..... Newly created post? (in past 1-2 years)..... <input type="checkbox"/> .
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	SURNAME: .....
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	MAILING ADDRESS: ..... ..... ..... .....
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	Which areas of diabetes do you work in? Children..... <input type="checkbox"/> Adolescents..... <input type="checkbox"/> Adults..... <input type="checkbox"/> Older adults..... <input type="checkbox"/> Learning disabilities..... <input type="checkbox"/> Mental health..... <input type="checkbox"/> African/Caribbean..... <input type="checkbox"/> S Asian..... <input type="checkbox"/> Other ethnic group..... <input type="checkbox"/> Pregnancy..... <input type="checkbox"/> Renal failure..... <input type="checkbox"/> Higher Education..... <input type="checkbox"/>
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	TELEPHONE NO: ..... FAX NO: .....
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	Which extended roles do you perform? Adjust insulin dose?..... <input type="checkbox"/> Adjust oral hypoglycaemic agents?..... <input type="checkbox"/> Adjust other drug therapy..... <input type="checkbox"/> Manage insulin pumps?..... <input type="checkbox"/> Blood glucose monitoring?..... <input type="checkbox"/> Blood pressure readings?..... <input type="checkbox"/> Venepuncture?..... <input type="checkbox"/> Foot screening & education?..... <input type="checkbox"/>
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	email (important to receive e-correspondence and newsletter) ..... .....
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	Please state any areas of expertise, interest, national committee work here
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	Would you be a facilitator in a workshop? .....YES/NO
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	Are you willing to give a presentation/lecture at a Study day .....YES/NO
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	Are you willing to be a contact for media enquiries? .....YES/NO
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	Please state your BDA Region: East Anglian..... <input type="checkbox"/> Mersey & NW..... <input type="checkbox"/> Northern..... <input type="checkbox"/> NW/NE Thames..... <input type="checkbox"/> SW/SE Thames..... <input type="checkbox"/> South Western..... <input type="checkbox"/> Trent..... <input type="checkbox"/> W Mid/ N Oxford..... <input type="checkbox"/> Wessex / S Oxford..... <input type="checkbox"/> Yorkshire..... <input type="checkbox"/> Wales..... <input type="checkbox"/> W Scotland..... <input type="checkbox"/> E Scotland..... <input type="checkbox"/> N Ireland..... <input type="checkbox"/>
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	Please tick the box if you are <b>not</b> happy for your <b>data</b> and <b>mailing address</b> to be used for  Networking within DMEG/BDA..... <input type="checkbox"/>  Paediatric Sub-group of DMEG..... <input type="checkbox"/>  Research projects within DMEG/BDA..... <input type="checkbox"/>  Research projects external to DMEG/BDA..... <input type="checkbox"/>  Mailing requests from companies .... <input type="checkbox"/>
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**Membership is from the 1<sup>st</sup> October 2009 until 30<sup>th</sup> September 2010**

**Please return with a cheque for £20.00 made payable to DMEG to:**

Jasmine Walton  
 Specialist Diabetes Dietitian  
 DMEG Membership Secretary  
 Hackney Diabetes Centre  
 Homerton University Hospital  
 London E9 6SR

<i>For DMEG use only</i>	
Cheque.....	<input type="checkbox"/>
Database.....	<input type="checkbox"/>
Regional rep informed.....	<input type="checkbox"/>
Web co-ordinator informed.....	<input type="checkbox"/>
BDA membership informed.....	<input type="checkbox"/>