

APCC Wave – Diabetes Prevention and Management Wave Participating Health Service Profile

Health Services need to complete the below profile to register for this wave

Practice Name: _____

Division Name: _____

Street Address: _____

Suburb: _____ **State:** _____ **Postcode:** _____

Postal Address: _____

Suburb _____ **State:** _____ **Postcode:** _____

Phone Number: _____

Mobile Number: _____

Fax Number: _____

Email Address: _____

Contact Name: _____

Accredited: Yes / No

Accreditation: AGPAL / GPA

Organisation Type: AMS / General Practice / Corporate Practice / Solo Practice / Community Health

Website URL: _____

Clinical Software: _____

Billing Software: _____

Lead GP Name: _____

Lead GP Email:* _____

Lead Staff Name: _____

Position Title: _____

Lead Staff Email:* _____

*+Please Note: Individual email addresses are required to set up usernames and logins to the APCC web portal (a key resource used in the APCC Program). Due to reasons of confidentiality, each participant requires their own unique email address

Virtual Stream – To assist us find suitable timeframes please choose one option below and we will do our best to accommodate. You will be notified of your allocation in due course:

- 1.35pm – 3.05pm
- 6.35pm – 8.05pm
- Other (please nominate suitable time): _____

Name: _____ by completing this form, you are signing this document on behalf of the health service who wishes to participate in this wave of the APCC Program

**Please complete and return this profile to WentWest either by:
Fax: (02) 9622 3448 or Email: improvement@wentwest.com.au**

Once your profile has been received we will confirm your participation and next steps via an email to the lead staff member.