**DIABETES ALLIANCE**

**EXPRESSION OF INTEREST**

|  |  |
| --- | --- |
| Practice name |  |
| Address |  |
| Email |  |
| Contact name |  |
| Contact’s position |  |
| Contact phone number |  |
| Practice software |  |
| Practice support officer |  |
| Month preferred |  |
| Days of week preferred |  |
| Number of GP’s participating |  |
| Number of Practice nurse’s participating |  |

Alliance admin Office use only:

|  |  |
| --- | --- |
| NPS paperwork sent |  |
| Latest date for installation |  |
| NPS consent received |  |
| GrHanite installed |  |
| Date NPS report available |  |
| Practice nurse in-service date booked |  |
| Clinic dates confirmed |  |
| RAGCP paperwork received |  |