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| **PLEASE COMPLETE THIS FORM AND EMAIL TO** [**cde@adea.com.au**](mailto:cde@adea.com.au) **\*INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**  **Ensure you include your CV with this application** | | | | | | | |
| Title: | | | |  | | | |
| First Name: | | | |  | Last Name: | | |
| Email Address: | | | |  | | | |
| ADEA Membership No: | | | |  | CDE No: | | |
| ***To apply for ADEA fellowship you must:***   * *Have held CDE status for the past 15 years or more* * *Have worked fulltime in diabetes for the 5 years preceding this Fellowship application* * *Attach your CV to this application* * *Provide 2 ‘Endorsements’ below*   **Endorsements**:  (Must be a CDE of at least 5 years standing and have known the applicant for 5 or more years)  **Endorsement 1** | | | | | | | |
| Full Name: | | | |  | CDE No: | | |
| I hereby confirm that I have been a CDE for at least 5 years, and have known the applicant for 5 or more years | | | | | | | |
| I hereby support this application for Fellowship of ADEA | | | | | | | |
| Signature: | | | |  | Date: | | |
| **Endorsement 2** | | | | | | | |
| Full Name : | | | |  | CDE No: | | |
| I hereby confirm that I have been a CDE for at least 5 years and have known the applicant for 5 or more years | | | | | | | |
| I hereby support this application for Fellowship of ADEA | | | | | | | |
| Signature: | | | |  | Date: | | |
|  | | | |  |  | | |
| **FEES**  **Annual fellowship fee for 2024 is $26**  *Please tick:*  I agree that in the event of my admission to Fellowship of the Association, I shall be governed by the Constitution and By-Laws of the Association.  I hereby agree to abide by the ADEA Code of Conduct. | | | | | |
| **Payment Details:** | | | | | |
| **Payable to Australian Diabetes Educators Association (ADEA) ABN 65 008 656 522**  **Contact Information: Email** – [cde@adea.com.au](mailto:cde@adea.com.au) **Phone** - (02) 6287 4822 | | | | | |
|  | | | | | |
| **Deduct my Credit Card:** | | | | | |
| **Card Type:  MasterCard  Visa** | | | | | |
| **Amount: $** | | 26.00 | | | |
| **Name on Card:** | | | | | **Expiry Date:** **(MM) /** **(YY)** |
| **Card Number**: |  | | | | |
| **Signature:** | | | | | **Date:** Click here to enter a date. |

**Privacy Statement** The ADEA is committed to protecting the personal information it collects from its members and staff. Please see ADEA’s Privacy Statement on our website: www.adea.com.au. The ADEA undertakes to collect personal information only to the extent that is necessary for its functions and activities, retain that information only for as long as is required for those purposes, and to protect its use and disclosure while held. In meeting these commitments, ADEA will apply the National Privacy Principles developed by the Australian Privacy Commissioner. From time to time selected health professionals, pharmaceutical companies, research bodies, and/or associated companies have information to disseminate to ADEA members. ADEA will not provide contact information to such parties but will assess the request and, if its distribution will be of benefit to members, ADEA will arrange mail outs of this type, either by itself or through independent mail houses. No private contact details may be provided to inquirers seeking access to a diabetes educator or for personal health management (not commercial) purposes. Your information may be audited for best practice standards and, in the case of assessing applications for credentialling, may be discussed with third party referees. For further details please refer to the ADEA Privacy Statement.