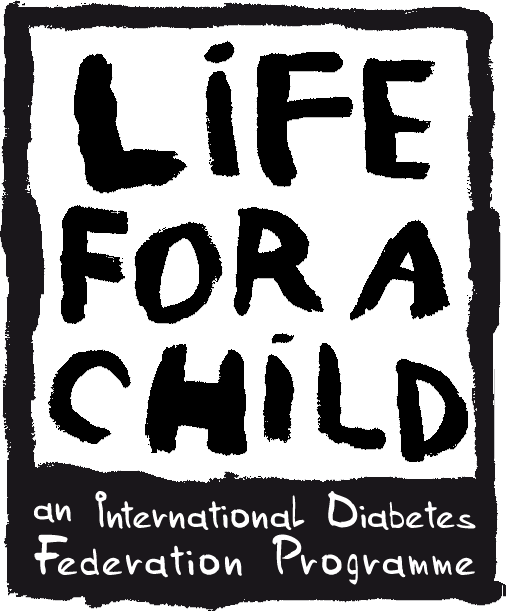
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**LIFE FOR A CHILD SUGGESTION FORM**

**IDF MEMBER**

|  |  |
| --- | --- |
| Name of IDF member association |  |
| Country |  |
| Contact person |  |
| Email address |  |

**SUGGESTED LOCATION FOR LIFE FOR A CHILD IMPLEMENTATION**

|  |  |  |
| --- | --- | --- |
| Country |  | |
| Name of organisation/  clinic/hospital/ etc. |  | |
| Contact person (Full Name) |  | |
| Email address |  | |
| Address |  | |
| City |  | |
| Number of Type 1 diabetes patients under the age of 26 |  | |
| Existing Infrastructure | Medical refrigerator(s)  Secure medicine and medical equipment storage  Secure patient data record system  Sharps containers for safe disposal of needles  Other: | |
| Staff composition | Administrative staff:  Diabetic Educator(s):  Qualified nursing staff:  Dietitian(s): | Endocrinologist(s):  Pediatrician(s):  Other: |
| General comments on diabetes services on site | In this field, please elaborate on the services offered at the centre. | |

**RESOURCES REQUIRED PER PATIENT (UNDER THE AGE OF 26) PER YEAR**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number of insulin vials required per patient per year | Number of glucometers required per patient per year | Number of strips required per patient per year | Number of syringes and needles required per patient per year | Number of lancets required per patient per year | Number of HbA1c controls required per patient per year |
|  |  |  |  |  |  |

**REASONS FOR YOUR CHOICE OF SITE**

In this field, please give us your reasons why you think that this site should benefit from the programme.

|  |
| --- |
|  |