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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.

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