

Sir Charles Burns Memorial Award Application Form

I have diabetes and have been managing it with insulin injections for fifty years or more.

Name: _____

Phone: _____

Email: _____

Address: _____

I am affiliated with the following branch (if relevant) _____

I was diagnosed with diabetes in (month & year) _____ in
(town/city) _____

I have managed my diabetes continuously with insulin since _____

.....
Applicant Signature/Close Family Member

.....
Certified by your General Practitioner (GP)

Date: _____

All nominations should be addressed in confidence to:
Chief Executive
Diabetes New Zealand
PO Box 12441 Wellington

Or

admin@diabetes.org.nz