

## 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) \_\_\_\_\_  
(town/city) \_\_\_\_\_

I have managed my diabetes continuously with insulin since \_\_\_\_\_

.....  
**Applicant Signature/Close Family Member**

.....  
**Certified by General Practitioner (GP)** (signature and stamp)

**Date:** .....

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

Or

[info@diabetes.org.nz](mailto:info@diabetes.org.nz)