

Date: \_\_\_\_\_

## Request for Information Form

### Service Provider Information

Organisation: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Local Govt Area: \_\_\_\_\_ Div GP Area: \_\_\_\_\_

Phone no. : \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### We would like more information on or to meet about:

- Becoming a Life! Provider Organisation
- A briefing for our staff
- Providing support to the Life! Program
- Other (please indicate): \_\_\_\_\_

Other Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For more information contact the Relationship & Systems Coordinator by emailing this form to [lifeteam@diabetesvic.org.au](mailto:lifeteam@diabetesvic.org.au) or fax to 9667 1757.

**Prevent type 2 diabetes – call 13 RISK (13 7475) or visit [www.diabetesrisk.org.au](http://www.diabetesrisk.org.au)**