**X-PERT Diabetes Education Programme**

**Registration Form**

|  |  |  |
| --- | --- | --- |
| **Name:**  | **Date of Birth:** | **NHS No.** |
|  |  |  |
| **Condition:**(*please tick)* | Type 2 Diabetes[ ]  | Pre-diabetes[ ]  |
| **GP Practice:** |
| **Gender:** (*please tick)* |  Male [ ]  | Female [ ]  | Prefer not to say [ ]  |
| **Ethnicity** (*please tick)*: |
| **Asian or Asian British** |  | **Mixed** |  |
| Bangladeshi  | [ ]  | Black and White Caribbean | [ ]  |
| Indian  |[ ]  Black and White African | [ ]  |
| Pakistani   |[ ]  Asian and White | [ ]  |
| Any other Asian background |[ ]  Any other mixed background | [ ]  |
| Please specify below if you wish …………………………........................................................... | Please specify below if you wish …………………………........................................................... |
| **Black or Black British** |  | **Chinese or Other ethnic group** |  |
| African |[ ]   |  |
| Caribbean |[ ]  Chinese | [ ]  |
| Any other Black background |[ ]  Any other |[ ]
| Please specify below if you wish …………………………........................................................... | Please specify below if you wish …………………………........................................................... |
| **White** |  | **Prefer not to say**  |[ ]
| British |[ ]   |  |
| Any other White background |[ ]   |
| Please specify below if you wish …………………………........................................................... |  |

I can confirm I am the person named on this form, and I give permission for the X-PERT Diabetes Education Team at Shropshire Community Health Trust to access my blood results at the beginning of the programme and 6 months after completion of the programme.

I understand that any reporting on this information is kept anonymous and is used as a measurement tool to evaluate the effectiveness of the structured education programme and its impact on health outcomes of participants.

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