

Type 1 Diabetes: Less guesswork.  
More freedom. Better health.



# DAFNE Centre Application Form

## DAFNE Centre Application Form

This form is to be completed once funding has been secured for the training of educators and doctors and to set up as a DAFNE centre.

This form is supported by a DAFNE Training Information document. Fact Sheets detailing what is involved in becoming a DAFNE centre and the costs can be obtained from the DAFNE website

<http://www.dafne.uk.com/scripts/professionalhealthcare/factsheets.html>

or from Central DAFNE. It is recommended you read these documents before completing the form.

All sections of the form must be completed; this can then be faxed or emailed but the original signed copy must be posted to the following address:

Central DAFNE  
Diabetes Resource Centre  
North Tyneside General Hospital  
Rake Lane  
North Shields  
NE29 8NH

Email: [Dafne@nhct.nhs.uk](mailto:Dafne@nhct.nhs.uk)  
Fax: 0191 293 4276

Places will only be confirmed upon receipt of **full** payment. The payment can be made by:

- Cheque - made payable to [Northumbria Healthcare NHS Foundation Trust](#)
- Your official purchase order
- Invoice
- Visa

Once payment has been made you will receive:

- Letter confirming centre training places
- Details personal training plans and DEP file (including Supplement for Doctor) for all trainees
- Centre set up resources
- Personal observation packs and patient course curriculum\* on Monday of observation week
- Professional development file\*\*
- Certificate

\* Educators only

\*\* Educators, including Doctors as Educators

## Section A: Centre Details

Centre Name: .....

This **must** be the name by which your centre wishes to be known.

Address: .....

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Post Code: .....

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### Central DAFNE use only

Payment method: .....

Date payment received: .....

Centre training confirmation letter sent: .....

DAFNE Centre number: .....

Date Centre number allocated: .....

Date resources issued: .....

## Section B: Invoicing and Delivery Details

The following details are required for invoicing and delivery of training materials, course resources and training costs. To ensure safe delivery and monitoring of resources and invoices, could you please provide correct contact details.

### Invoice details

Invoice name: .....

Position: .....

Address: .....

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Post Code: .....

Telephone number:.....

### Delivery details

Name: .....

Position: .....

Address: .....

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Post Code: .....

Telephone number:.....

## Section C: Identified Staff Details

### Notes:

Please provide the requested details for the two staff identified as potential DAFNE educators (Diabetes Specialist Nurse and Diabetes Dietitian) and the details for at least one DAFNE Physician.

The nominated staff will be put forward to complete the DAFNE Educator Programme (DEP) and DAFNE Doctor Programme (DDP) as appropriate.

It is essential that the identified staff have read the Pre-application information document and Fact Sheets as mentioned in Section A to ensure all identified staff are fully aware of the commitment they and their service are making. One educator and one doctor should be identified as the DAFNE leads. These individuals will be the main point of contact with Central DAFNE.

## Section C: Educator Details

Contact details and address are required to send pre course information.

Name: .....

Position: .....

Telephone number:.....

Fax number: .....

Email address: .....

Bleep (if applicable): .....

Postal address if different from Section B: .....

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.....

Dietary requirements: .....

### Teaching qualifications

- C&G 730  
 ENB 998  
 Other – please provided details .....

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### Are you the identified Lead Educator?

- Yes  
 No

### Training dates

The following information is required by Central DAFNE. You must be certain you can commit to the dates. You cannot mix 3-day and 1-day workshops from different programmes.

Date of DEP: .....

Venue of DEP: .....

If external observation venue is required, please contact Central DAFNE for assistance.

Date of observation week: .....

Venue of observation week: .....

Date of peer review week: .....

# DAFNE Educator Programme Learning Contract

I agree to do the following as part the DAFNE Educator Programme (DEP):

## Step 1 (1 hour)

- Read the DEP file prior to commencing Step 3.
- Complete and return this form to Central DAFNE with the application form.

## Step 2 (prior to commencing Step 3 (3 to 5 hours))

- Complete background reading.
- Complete your question sheet provided in the DEP file.

## Step 3 (5 days)

- Observe a complete 5-day DAFNE patient course.
- Complete observation sheets as detailed in the DEP file.
- Identify and prepare a case study using predefined guidelines provided in the DEP file.

## Step 4 (3 days)

- Attend each of the 3-day workshops.
- Develop a personal plan for the delivery of your peer supported course.

## Step 5 (25½ – 32½ hours)

- Recruitment and preparation of patients.
- Personal preparation, familiarisation with the DAFNE curriculum and resources, production of lesson plans and additional resources.

## Step 6 (5 days)

- Prepare for and deliver sessions as part of a local DAFNE patient course, which will be observed by a DEP Reviewer.
- Agree areas for ongoing professional development with the DEP Reviewer

## Step 7 (1-day)

- Attend the 1-day follow-up workshop.

Upon completion of the DEP, I agree to comply with the DAFNE quality assurance and audit programmes.

Name: .....

Signature: .....

Date: .....

## Service Managers

I understand the time commitment required and agree to ensure that this time is made available for the above to complete the DEP

Service Manager name:.....

Signature: .....

Date: .....

## Section C: Educator Details

Contact details and address are required to send pre course information.

Name: .....

Position: .....

Telephone number:.....

Fax number: .....

Email address: .....

Bleep (if applicable): .....

Postal address if different from Section B: .....

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.....

.....

Dietary requirements: .....

### Teaching qualifications

- C&G 730  
 ENB 998  
 Other – please provided details .....

.....

.....

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### Are you the identified Lead Educator?

- Yes  
 No

### Training dates

The following information is required by Central DAFNE. You must be certain you can commit to the dates. You cannot mix 3-day and 1-day workshops from different programmes.

Date of DEP: .....

Venue of DEP: .....

If external observation venue is required, please contact Central DAFNE for assistance.

Date of observation week: .....

Venue of observation week: .....

Date of peer review week: .....

# DAFNE Educator Programme Learning Contract

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## Step 7 (1-day)

- Attend the 1-day follow-up workshop.

Upon completion of the DEP, I agree to comply with the DAFNE quality assurance and audit programmes.

Name: .....

Signature: .....

Date: .....

## Service Managers

I understand the time commitment required and agree to ensure that this time is made available for the above to complete the DEP

Service Manager name:.....

Signature: .....

Date: .....

## Section D: Physician Details

Contact details and address are required to send pre course information.

Name: .....

Position: .....

Telephone number:.....

Fax number: .....

Email address: .....

Postal address if different from Section A: .....

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Dietary requirements: .....

### Are you the identified Lead DAFNE Doctor?

Yes

No

### Training dates

The following information is required by Central DAFNE. You must be certain you can commit to the dates.

Date of DDP: .....

Venue of DDP: .....

If external observation venue is required, please contact Central DAFNE for assistance.

Date of observation week: .....

Venue of observation week: .....

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## Declaration

I the undersigned have read the notes for Section B and understand the time commitment involved and I confirm that our Diabetes Service will:

- Release staff for training
- Participate in the DAFNE Quality Assurance
- Take part in the DAFNE training for other diabetes services, once experienced

Signed: ..... Date: .....