

**EUROPEAN SOCIETY FOR PAEDIATRIC ENDOCRINOLOGY**

**IDENTIFICATION OF AND RECOGNITION AS A EUROPEAN TRAINING CENTRE IN PAEDIATRIC ENDOCRINOLOGY AND/OR DIABETES**

**INSTITUTION DETAILS - DIABETES**

One to be submitted for each Centre Component. Please photocopy as necessary.

Name: .....

Address/ .....

Location: .....

Type of Institution: University Teaching/District General/Community/Other

Role: Coordinating/Training Unit

Clinic Size: ..... Number of Diabetic Patients 0-5 years

..... Number of Diabetic Patients 5-12 years

..... Number of Diabetic Patients 12-18 years

Staff Structure: Full Time Consultant(s) in Diabetes .....

(Numbers) Part Time Consultant(s) in Diabetes .....

Full Time Trainees in Diabetes .....

Part Time Trainees in Diabetes .....

Other Medical Staff (please describe) .....

Clinical Nurse Specialists .....

Dieticians in Clinic .....

Laboratories: HbA1C assay on site Y/N

Support Teams: Psychology Y/N

Nephrology Y/N

Ophthalmology Y/N

Access to: Paediatric Surgery Y/N

(on site) Podiatry Y/N

Adult Diabetology Y/N

Education: Library facilities (on site) Y/N

Endocrine Teaching Programme (enclose copy) Y/N

On-line facilities Y/N