



Australian Paediatric Surveillance Unit

A Unit of the Royal Australasian College of Physicians, Paediatrics and Child Health Division

Kids Research Institute, The Children's Hospital at Westmead

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APSU CONTACT PERMISSION

Do you wish to participate in the active surveillance of uncommon high impact conditions of childhood through the APSU?

☐ **YES I will participate in APSU surveillance and report by email at the end of each month.**

1. Please provide your preferred contact details for APSU correspondence including contact telephone numbers and email:

Name: _____

Hospital / Practice Address: _____

Telephone: _____ Fax: _____

Email: _____

2. My qualifications are: _____

3. What percentage of your patients are under 16 years of age? ☐ 0-49% ☐ 50-100%

4. Does your clinical practice involve acute admissions? ☐ Yes ☐ No

5. Which of the following best describes the nature of your practice?

☐ I am a general paediatrician working in general paediatrics

☐ I am a paediatrician with a subspecialty, please specify: _____

☐ I am a specialist who works with children; please specify your specialty _____

☐ **NO I do not see patients under 16 years of age**

☐ **NO I am not in clinical paediatric practice (please specify: research, admin, other...)**

☐ **NO I do not wish to participate, please provide reasons:** _____

Signature: _____ Date: _____

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM

PLEASE FAX TO (02) 9845 3082 or email to SCHN-APSU@health.nsw.gov.au

CONFIDENTIALITY

Your personal information and any data you provide to the APSU are confidential and will not be used for any other purpose or disclosed to a third party without your permission. If you report a case, your contact details will be forwarded to the appropriate Surveillance Study Investigators for the collection of brief de-identified clinical information about that case. All APSU studies undergo review by a Human Research Ethics Committee prior to commencement. Surveillance study data are stored and managed according to NHMRC National Statement on Ethical Conduct in Human Research.

As a contributor to APSU, you may be acknowledged by name in the Annual Report or publications unless you indicate otherwise.

☐ **I do not wish to be acknowledged by name in APSU Annual Reports**