*APPLICATION for SWEET membership*

SWEET e.V. Accreditation Committee
Diabetes Center for Children and Adolescents
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**Applicant:**

_____
First name

_____
Last name

_____
Institution/ Organization

_____
Head of department/ clinic

_____
City                                                      Country

_____
Address

_____
Phone:                                                    Fax:

_____
E-mail:

**Center description**

1. How many patients do you care for? _____

2. How many patients ≤ 18 years do you care for? _____

    ☐ **>150 pediatric patients:** Application for Center of Reference (CoR) for Pediatric Diabetes or Pediatric Diabetes Collaborative Center (CC), including SWEET membership
    *Certification as CoR or CC according to the result of the Peer Review Program*

    ☐ **<150 pediatric patients:** Application for Associated Center (AC), including SWEET membership

3. Do you have an electronical data collection system?        yes ☐        no ☐
    Which system? _____

*4.* How many team members do you have?

- Pediatric diabetologist         I____I
- Adult diabetologist             I____I
- Diabetes nurse/ educator        I____I
- Dietitian                       I____I
- Psychologist                    I____I
- Social worker                   I____I

**5. Type of Organization**

☐ Hospital Inpatient/ clinic organization

☐ Outpatient clinic organization/ University outpatient clinic

☐ 24 hour/ around the clock clinical care

☐ Authorized outpatient clinic

☐ Medical center

☐ Specialist Diabetes center

☐ Another organization (please describe / explain) _____

**SWEET e.V. membership statement:**

I declare to support the aim of SWEET e.V. and the willingness to follow the bye-laws of the Association.

I agree that my contact information will be stored locally by SWEET for communication.
I agree that my contact information can be forwarded with purpose limitation to:

☐ SWEET data management / IT group for questions about data, completeness, upload interpretation and benchmarking reports

☐ Involved SWEET members as part of publication projects (no agreement means you cannot be contacted for SWEET publication projects)

You have the right to revoke your consent at any time with future effect.by sending an email to sweet-project@hka.de. The revocation of the consent shall not affect the lawfulness of the processing carried out on the basis of the consent until the revocation

*Information on data subject rights in accordance with Art. 13 GDPR:*
*https://sweet-project.org/data-subject-rights.php*

Date of application:  _____

Signature: _____          Stamp:

# APPLICATION for SWEET membership

## Reasons why to join the SWEET network

| Center of Reference | Collaborative Center | Associated Center |
|---|---|---|
| <ul><li>International network with common objectives</li><li>Receiving a software for data collection for free</li><li>Data evaluation, quality assurance</li><li>Benchmarking report, international data comparison</li><li>Possibility to participate in research projects</li><li>Expertise in treatment and education</li><li>Standardization of diabetes specific patient care and treatment</li><li>National and international evaluation of clinical outcome parameters</li><li>Dissemination of new approaches and techniques</li></ul> | | |
| <ul><li>Certification by the Peer-Review Program free of charge</li><li>Possibility to attend the annual SWEET meeting free of charge</li></ul> | | <ul><li>Possibility to attend the annual SWEET meeting at own charge</li></ul> |

## Requirements for a Center of Reference or Collaborative Center for Pediatric Diabetes (checked by peer review) or Associated Center (AC)

| Center of Reference | Collaborative Center | Associated Center |
|---|---|---|
| Meet the criteria 1-10 | Meet at least the criteria 1-5, 9,10 | Meet at least the criteria 2-5, 9,10 |
| **Need to submit data (SWEET dataset) twice a year to the SWEET database**<br>• one year no data transfer – "yellow card"<br>• two years no data transfer – loss of present certification , exclusion from the SWEET network<br>• Participation in publications is only possible, if the relevant data were submitted | | |
| Member of SWEET e.V. (membership fee according to membership classes) | | Associated member (membership fee according to membership classes) |
| Certification by Peer Review | | No Certification, no Peer Review |

## 10 Criteria of a Center of Reference or Collaborative Center

**1** - At least 150 patients under 18 years

**2** - Multidisciplinary team with pediatric diabetes expertise and experience

**3** - Participation in network, registry or quality circle with data analysis (submit data twice a year to SWEETBASE)

**4** - Adherence to ISPAD guidelines / ISPAD membership

**5** - Outpatient / Inpatient diabetes services

**6** - Contribution to research

**7** - Collaboration with patient associations

**8** - Arrangements for patient referrals

**9** - National accreditation

**10** - Local printed education program for children