



Self-registration form

Cervical screening saves lives



No stamp required

CervicalCheck
The National Cervical Screening Programme
Freepost LK407
Limerick

Please fill in this form to register

When you have filled it in, moisten the gummed area, fold in half, seal and Freepost.

The CervicalCheck register

CervicalCheck – The National Cervical Screening Programme is a Government-funded service that provides free smear tests to women aged 25 to 60. CervicalCheck has a register (list) of women aged 25 to 60. This register is a secure electronic database that contains your name, address, date of birth and Personal Public Service Number (PPS No.). The register also records your smear test results and any related procedures that you might have had. To keep the register up to date, please let us know if there is any change to your personal details such as your name or address.

How can I have a free smear test?

To have a free smear test you will need an invitation letter from CervicalCheck. When you fill in and return this form, CervicalCheck will see if you are on the register and send you an invitation letter by post.

If you do not have an invitation letter and have not had a smear test in the last three years, fill in this form to opt-in to the CervicalCheck programme. CervicalCheck will send you an invitation letter by post.

When you receive your invitation you can have a free smear test with any smearer (doctor or nurse) registered with CervicalCheck, for example:

- General Practitioners (GPs) and practice nurses
- Family Planning Clinics
- Well Woman Centres or Women's Health Clinics

For details of all registered smeartakers, contact CervicalCheck on Freephone **1800 45 45 55** or visit www.cervicalcheck.ie. Please have your Personal Public Service Number (PPS No.) with you when you go for your smear test.

Please fill in this form using **BLOCK CAPITALS**.

Please provide your Personal Public Service Number (PPS No.).

PPS Number:								
Date of birth:	D	D	M	M	Y	Y	Y	Y
Surname:								
First name:								
Middle name:								
Surname at birth:								
Mother's maiden name (mother's surname at birth):								
Address:								

Have you had a smear test in the last three years?

Yes No

Please provide a daytime (9.30am – 5.00pm) telephone number if you would be happy for us to contact you by phone.

Daytime phone number:

CervicalCheck is part of the National Cancer Screening Service.

ALL INFORMATION IS CONFIDENTIAL ALL INFORMATION IS CONFIDENTIAL

When form is complete, fold it and seal using this gummed area.