

Registration Form Health Professionals

(Health Professionals include GPs, Assistant GPs, Registered Nurses and Trainee GPs, referred to as qualified person) Please use a single sheet for each person.

The Qualified Person acknowledges and agrees that Programme cervical screening tests will be carried out under the clinical responsibility of the General Practitioner (GP) below pursuant to the Contract for the provision of cervical screening services as part of the National Cervical Screening Programme entered into by the GP and the National Screening Service. The contracted GP shall receive payment for all such tests carried out.

Health Professional

Name of doctor or nurse (BLOCK CAPITALS) Male Female

Please specify GP Assistant GP Registered Nurse Trainee GP

Medical Council Registration Number (MCRN) or Nursing & Midwifery Board of Ireland number (NMBI)

I have completed the '**CervicalCheck in Practice**' online eLearning module Yes No

Email address

I consent to the use of email for administrative communications from **CervicalCheck** Yes No
(Administrative communications will include information on policy updates, study days, news letters etc)

Signature of the Doctor / Nurse Date

Clinically Responsible General Practitioner (Contracted GP)

Name (BLOCK CAPITALS)

Medical Council Registration Number (MCRN)

PCRS / GMS Number

Do you wish to list this doctor or nurse on the CervicalCheck website with your practice? Yes No

Signature of Clinically Responsible GP Date

The doctor or nurse and/or the General Practitioner will be notified when the registration process has been completed. It is important to notify Programme Administration Office of any changes to your details or professional registration status.

For office use only

	Date stamp		Check 1	<input type="text"/>	Date	<input type="text"/>
		Check 2	<input type="text"/>	Date	<input type="text"/>	
	Practice ID	<input type="text"/>				

