



GP trainee registration form and supervision agreement

PART B: PART A: To be completed by the clinically responsible GP (contracted GP) To be completed by the GP trainee when ready to undertake I am aware that a CervicalCheck-appointed clinical trainer will the clinical component of training and prior to commencement visit the trainee in my practice. In modelling best practice, I understand that the Please use block capitals CervicalCheck-appointed clinical trainer will take at least one GP trainee name: M () F ()cervical screening test in my practice. I agree to support the policies and protocols of CervicalCheck - The National Cervical Screening Programme. Home address: Please note: CervicalCheck-appointed clinical trainers are covered for clinical indemnity. Name of clinically responsible GP (Contracted GP): Practice address: Medical Council Registration Number (MCRN): Practice tel. no: Practice fax no: PCRS/GMS number: Mobile tel. no: MCRN: Signature of clinically responsible GP: Email address: Date: GP training scheme location: Do you wish to include this trainee's name on the CervicalCheck website at your practice location(s)? Cervical screening theory session completed (via release day): Yes Yes No Forward the application form to the Screening Training Unit by I have completed the 'CervicalCheck in Practice' online eLearning module post or fax. CervicalCheck – The National Cervical Screening Programme The registered Sampletaker (trainee) acknowledges and agrees P.O Box 161, Limerick that programme cervical screening tests will be carried out under Fax: FAO Screening Training Unit – 061 406555 the clinical responsibility of the general practitioner (GP) pursuant to the Contract for the Provision of Smeartaking Services entered into by the GP and the National Screening Service. The For office use only: contracted GP shall receive payment for all such tests carried out. check 1 Date Signature of GP Trainee: Date: check 2 Date PID