

GP trainee registration form and supervision agreement

PART A:

To be completed by the GP trainee when ready to undertake the clinical component of training and prior to commencement of audit.

Please use block capitals

GP trainee name: Sex M F

Home address:

Practice address:

Practice tel. no:

Practice fax no:

Mobile tel. no:

Email address:

MCRN:

GP training scheme location:

The registered smearer (trainee) acknowledges and agrees that programme smear tests will be carried out under the clinical responsibility of the general practitioner (GP) pursuant to the Contract for the Provision of Smear Services entered into by the GP and the National Cancer Screening Service. The contracted GP shall receive payment for all such tests carried out.

Signature of GP Trainee:

Date:

PART B:

To be completed by the clinically responsible GP (contracted GP)

- I am aware that a CervicalCheck-appointed clinical trainer will visit the trainee in my practice.
- In modelling best practice, I understand that the CervicalCheck-appointed clinical trainer will take at least one smear test in my practice.
- I agree to support the policies and protocols of CervicalCheck – The National Cervical Screening Programme.

Please note: CervicalCheck-appointed clinical trainers are covered for clinical indemnity.

Name of clinically responsible GP:

Medical Council Registration Number (MCRN):

PCRS/GMS number:

Signature of clinically responsible GP:

Date:

Do you wish to include this trainee's name on the CervicalCheck website at your practice location(s)?

Yes No

Forward the application form to the Smearer Training Unit by post or fax.

CervicalCheck – The National Cervical Screening Programme

P.O Box 161, Limerick

Fax: FAO Deirdre Ryan/Carol Garvey, C/O STU – 061 406555

For office use only:

check 1 Date

check 2 Date

PID