

Family Planning Clinic/ Well Woman Centre Qualified Person Registration Form

(Qualified Persons include Doctors, Assistant Doctors and Registered Nurses. Please use a single sheet for each Qualified Person.)

The Qualified Person acknowledges and agrees that Programme screening tests will be carried out under the clinical responsibility of the Clinical Director below pursuant to the Contract for the Provision of Cervical Screening Services entered into by the Clinical Director on behalf of the Clinic/Centre with the National Screening Service. The contracted Clinic/Centre shall receive payment for all such tests carried out.

Qualified Person (QP)

Name of doctor or nurse (BLOCK CAPITALS) Male Female

Clinic/Centre Name (BLOCK CAPITALS)

Please specify Doctor Assistant Doctor Registered Nurse

Email address

I have completed the '**CervicalCheck in Practice**' online eLearning module

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

Signature of the Qualified Person Date

Clinical Director

Name (BLOCK CAPITALS)

Medical Council Registration Number (MCRN)

PCRS / GMS Number of Clinic/Centre

Signature of Clinical Director Date

The Qualified Person and/or the Clinical Director will be notified when the QP 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"/>

Assigned Clinic ID C L I N

CS/F/A-15 Rev 8

