

Qualified Person Registration Form

(Qualified Persons include GPs, Assistant GPs, Registered Nurses and Trainee GPs.
Please use a single sheet for each Qualified 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 General Practitioner and the National Screening Service. The contracted General Practitioner shall receive payment for all such tests carried out.

Qualified Person (QP)

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)

Email address

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

Signature of the Qualified Person Date

Clinically Responsible General Practitioner (Contracted GP)

Name (BLOCK CAPITALS)

Medical Council Registration Number (MCRN)

PCRS / GMS Number

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

Signature of Clinically Responsible GP Date

The Qualified Person and/or the General Practitioner 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"/>
	Practice ID	<input type="text"/>		

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