

Registration Form For Health Professionals & Supervision Agreement for Training

Part A to be completed by trainee

Trainee Name MCRN/NMBI No.
Medical Council/Nursing Midwifery Board Registration No.

Male Female Please specify: GP Assistant GP Reg Nurse GP Trainee Locum GP

Home Address Practice Address

Date of Birth Practice Tel No

Mobile Tel No Practice Fax No

Email Address

I consent to use of email for administration and communication of CervicalCheck information

Can you be contacted via text message? Yes No

Do you have a specific learning disability that may affect your studies? Yes No

Please choose your preferred course and tick the relevant box.

NUI Galway - Best practice in cervical screening <input type="checkbox"/> 06 September 2018 Complete this form and send to: Ms Mari Moran, Administrator, School of Nursing and Midwifery, Aras Moyola, NUI Galway. DO NOT SEND FEE - The fee of €550 is payable online when registering for this course to NUI Galway.	RCSI – Cervical screening training module for Health Professionals <input type="checkbox"/> 12 September 2018 Dublin <input type="checkbox"/> 11 October 2018 Portlaoise Complete this form and enclose fee of €550 and one passport photo to: RCSI, School of Nursing & Midwifery, 123 St. Stephen's Green, Dublin. <i>(Cheques to be made payable to RCSI)</i>	UCC Cork - Evidence based cervical screening <input type="checkbox"/> 07 and 08 January 2019 Complete this form and send to the Screening training Unit, CervicalCheck, PO Box 161 Limerick DO NOT SEND FEE - The fee is payable when registering for this course to UCC.	ICGP – Cervical screening course <input type="checkbox"/> 16 November 2018 <input type="checkbox"/> 01 March 2019 <input type="checkbox"/> TBC May 2019 Complete this form and enclose fee to: ICGP, E-learning Unit, 4-5 Lincoln Place, Dublin 2. €650 nonmembers, €550 members. <i>(Cheques to be made payable to ICGP)</i>
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I have completed the 'CervicalCheck in Practice' online eLearning module

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

Signature of 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 cervical screening test in my practice.
- I agree to supervise the trainee and support the policies and protocols of CervicalCheck – The National Cervical Screening Programme.

The doctor or nurse and/or the General Practitioner will be notified when the registration process has been completed.

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