

Cervical Screening Training - Registration Form & Supervision Agreement

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

(mandatory)

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

08 September 2017

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

25 and 26 September 2017
 26 and 27 October 2017

Complete this form and enclose
fee of €550 and one passport
photo to: RCSI, School of Nursing
& Midwifery, 123 St. Stephen's
Green, Dublin.

(Cheques to be made payable to RCSI)

UCC - Evidence in cervical screening

04 and 5 January 2018

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

17 November 2017
 2 March 2018
 May 2018

Complete this form and enclose
fee to: ICGP, E-learning Unit, 4-5
Lincoln Place, Dublin 2. €650
nonmembers, €550 members.
(Cheques to be made payable to ICGP)

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.

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