CervicalCheck
AN CLÁR NÁISIÚNTA SCAGTHÁSTÁLA CEIRBHEACS
THE NATIONAL CERVICAL SCREENING PROGRAMME

Registration Form Health Professionals

(Health Professionals include GPs, Assistant GPs, Registered Nurses and Trainee GPs, referred to as qualified person) Please use a single sheet for each 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 GP and the National Screening Service. The contracted GP shall receive payment for all such tests carried out.

Health Professional

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) ☐☐☐☐☐☐

I have completed the ***'CervicalCheck in Practice'*** online eLearning module Yes ☐ No ☐

Email address _____

I consent to the use of email for administrative communications from ***CervicalCheck*** Yes ☐ No ☐
(Administrative communications will include information on policy updates, study days, news letters etc)

Signature of the Doctor / Nurse _____ Date _____

Clinically Responsible General Practitioner (Contracted GP)

Name (BLOCK CAPITALS) _____

Medical Council Registration Number (MCRN) ☐☐☐☐☐☐

PCRS / GMS Number ☐☐☐☐☐☐

Do you wish to list this doctor or nurse on the CervicalCheck website with your practice? Yes ☐ No ☐

Signature of Clinically Responsible GP _____ Date _____

The doctor or nurse and/or the General Practitioner will be notified when the 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 _____ Date _____

Check 2 _____ Date _____

Practice ID _____

An tSeirbhís Náisiúnta Scagthástála
National Screening Service
Cuid d'Fheidhmeannacht na Seirbhíse Sláinte. Part of the Health Service Executive.

PO Box 161, Limerick.
Phone: 061 406500 Fax: 061 406555
Email: admin@cervicalcheck.ie
www.cervicalcheck.ie