

Nominate Healthcare Provider Form

| NATIONAL | |
|-------------------------------|------------------------------|
| CERVICAL | SCREENING |
| PROGRAM | |
| A joint Australian, State and | Territory Government Program |

Use this form to nominate a Healthcare Provider (HCP) within National Cancer Screening Register (NCSR) for the National Cervical Screening Program (NCSP).

Please Note: This form must be signed by the person participating (or invited to participate) in the NCSP. If you would like to make a request on another person's behalf, please call the Contact Centre.

| *Indicates a mandatory field. | | |
|---|---|--|
| *Medicare Numb *Family Name | er | |
| *Given Names *Date of Birth | Day Month Year | |
| *Address | Day Month Year | |
| Addiooo | | |
| *Suburb | | |
| *State | * Postcode | |
| *Nominated HC Family Name | | |
| *Nominated HC Given Name | P's | |
| *Nominated Med Practice Name Medical practice Address: | | |
| | | |
| Suburb: | | |
| State: | Postcode | |
| Telephone: Provider Numbe (if known) | r: | |
| My nominCervical SIf I see an | t has been actioned, I acknowledge: lated HCP will be able to access details about me, receive reminders and follow-up for my Screening. In the HCP for cervical screening, they will also be recorded in the NCSR to receive on about my cervical screening history. | |
| - | | |
| *Date: | Day Month Year | |

Please turn over for P2:

Please send your completed form to either of the following:

- Post to National Cervical Screening Program, Reply Paid 90964, SUNSHINE VIC 3020 (no postage stamp required), or Fax to 1800 627 702.
- You may retract this request at any time by completing a Withdraw Request form, and by calling the Contact Centre on 1800 627 701.
- For more information about the NCSR or Cervical Screening, visit our website <u>www.ncsr.gov.au</u> or call 1800 627 701.