Use this form to cease all contact and correspondence from the 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 Number

*Family Name

*Given Names

*Date of Birth Day  Month  Year

*Address

*Suburb

*State  * Postcode

Please select your main reason for ceasing correspondence:

☐ Not interested  ☐ Living or travelling overseas  ☐ Privacy Concerns

☐ Other (please specify)

Please select how long you wish to cease correspondence:

☐ Indefinitely

☐ For a set period of time. Please resume after: Day  Month  Year

Once this request has been actioned, I acknowledge:

• I will no longer receive any contact or correspondence from the NCSR for the NCSP.
• Any information relating to future Cervical Screening will continue to be recorded on the NCSR and can be viewed by my authorised Healthcare Providers.

*Signed:

*Date:  Day  Month  Year

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 www.ncsr.gov.au or call 1800 627 701.

NCSR Cease Correspondence Version 6.0