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.

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Number</td>
<td></td>
</tr>
<tr>
<td>Family Name</td>
<td></td>
</tr>
<tr>
<td>Given Names</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Day</td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Suburb</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
</tbody>
</table>

Healthcare Provider (HCP)/Doctor/Doctor/Medical Practice details

- Nominated HCP’s Family Name
- Nominated HCP’s Given Name
- Nominated Medical Practice Name
- Medical practice Address:
- Suburb:
- State: Postcode
- Telephone:
- Provider Number: (if known)

Once this request has been actioned, I acknowledge:

- My nominated HCP will be able to access details about me, receive reminders and follow-up for my Cervical Screening.
- If I see another HCP for cervical screening, they will also be recorded in the NCSR to receive information about my cervical screening history.

*Signed:

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