

Register Identifier Number Request Form

A Register Identifier Number is a unique number used to authenticate cervical screening test providers who do not have access to a Medicare provider number, when accessing the National Cancer Screening Register [Healthcare Provider Portal](#) or calling the [Contact Centre](#).

To access the portal, you will need a [PRODA account](#) (an online identity verification and authentication system used to enable secure access to government online services). **Please ensure your details in this form match your PRODA details exactly.**

When to use this form

This request form is to be used by providers to:

- Apply for a Register Identifier number, either for the first time or for an additional number
- Update your details if you have an existing number(s)
- Deactivate a Register Identifier number or deactivate your NCSR access.

Please select the reason you are completing this form:

- Applying for a Register Identifier number for the first time – *complete sections A, B and D*
- Requesting an additional Register Identifier number(s) – *complete sections A, B and D*
- Updating details including address, contact details for one or multiple numbers – *complete sections A and B*
- Deactivating a number(s) or NCSR access - *complete sections A and C*

You can also use the table on page 3 to request multiple Register Identifier numbers or notify the NCSR of deactivation or updates to multiple numbers.

Section A (mandatory fields are marked with an asterisk (*))

Provider Details		
Title	First name*	Surname*
Register Identifier number (if applying for an additional number or updating details)		
Professional Details		
Profession	AHPRA Number (if registered)	

Section B (mandatory fields are marked with an asterisk (*))

Provider Workplace Details for Correspondence		
Health Service/ Medical Practice*	Unit/Street Number/PO Box*	Street Name*
Suburb*	State*	Postcode*
Phone Number	Mobile Number	Fax Number

Section C *(mandatory fields are marked with an asterisk (*))*

Register Identifier number*	Date number was assigned*	Date to deactivate Register access* (if required / known)
Reason for deactivating (if relevant)		

Section D

Applicant Declaration

I request access to information held in the National Cancer Screening Register for the purpose of providing cervical screening as part of my role.

Signature	Date

Manager Approval

I approve the provider detailed above to be registered with the National Cancer Screening Register.

Manager's Name	Signature
Organisation	Date

Confirmation and Contact Details

Once the form has been completed, please fax or mail to the NCSR.

- **Fax:** 1800 627 702
- **Mail:** National Cancer Screening Register, Replied Paid Locked Bag 2004, Sunshine, VIC 3020

The NCSR Healthcare Provider Liaison Officer (HPLO) will need to contact you to process this request and will provide confirmation to you when the Register Identification Number has been registered with the NCSR or when details have been amended (if requested).

Please indicate your preferred method of contact/notification:

Email Address
Postal Address

For further information or advice about this process, please contact the Healthcare Provider Liaison Officer (HPLO) via the NCSR Contact Centre on 1800 627 701.

Table 1: Request to update multiple Register Identifier numbers

Use this table if you are notifying the NCSR of deactivation or updates to multiple Register Identifier numbers

Title	First name*	Surname*	Register Identifier number*	Profession	AHPRA number (if registered)	Health Service/ Medical Practice*	Address for correspondence*	Phone number	Fax Number	Active from date*	Date to deactivate

Document Control

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