



Defer form

Australian Government

Use this form to defer your future screening date and reminders in the National Cancer Screening Register (NCSR) for the National Bowel Cancer Screening Program (NBCSP).

This form is an Approved Form and Section 25 of the *NCSR Act 2016*.

Please use a black pen and write in **BLOCK LETTERS** in the boxes provided.

1 Participant Details

* Medicare or Department of Veterans Affairs number

* Family name

* Given name(s)

* Date of birth (dd/mm/yyyy) / / *Gender Male Female Other

* Postal address line 1

Postal address line 2

* Suburb/Town/City

*State *Postcode

2 I wish to defer my participation until (tick one of the following):

*Defer until date: / / Defer indefinitely

3 Please give reason(s) to defer:

Seeking doctor's advice Recent bowel cancer screening Recent colonoscopy

Illness Travelling

Other (please specify)

4 Acknowledgement

- I acknowledge that I can still screen at any time and the results will be recorded on the National Cancer Screening Register and can be viewed by my healthcare providers.
- I may withdraw my request at any time by completing a withdraw request form, or by calling the National Bowel Cancer Screening Program Contact Centre on 1800 118 868.
- I declare that I am the participant or their authorised personal representative.
- I acknowledge that my selected request will be actioned.

*I have read, understood and agree to these statements

This form must be signed by participant of the Program or an authorised personal representative acting on their behalf. If signing on behalf of the participant please complete section 5.

*Date (dd/mm/yyyy) / /

Signed by: Participant OR Personal representative

You will receive a confirmation letter advising that this request has been actioned by the NCSR.

Please tick here if you do NOT wish to receive a confirmation.

* Participant Medicare or Department of Veterans Affairs number

5 Authorised Personal Representative

If signing on behalf of the participant please provide your name and contact information.

Family name

Given name(s)

Date of birth (dd/mm/yyyy) / / Preferred phone number

Email address

Postal address line 1

Postal address line 2

Suburb/Town/City

State Postcode

Your relationship to the participant:

- Legal guardian
- Legal representative - Enduring Power of Attorney
- Legal representative - Trustee
- Parent
- Healthcare Provider
- Other ▶ (please specify)

6 Returning your form

Please send your completed form to either of the following:

- Post to National Bowel Cancer Screening Program, Reply Paid 90965, SUNSHINE VIC 3020 (no postage stamp required), or Fax to 1800 115 062.
- You may retract this request at any time by completing a Withdraw Request form, or by calling the National Bowel Cancer Screening Program Contact Centre on 1800 118 868 (free call).
- For more information about the NCSR or Bowel Screening, visit our website www.ncsr.gov.au or call 1800 118 868 (free call).

7 Privacy Notice

Your personal information is protected by law, including the *Privacy Act 1988 (Cth)* and the *National Cancer Screening Register Act 2016*, and is being collected for the Australian Government Department of Health, for the purpose of including information about you on the National Cancer Screening Register (NCSR) as part of the National Bowel Cancer Screening Program. Personal information about you has also been collected from the Department of Human Services as part of the process of inviting you to undergo screening and may be collected for follow-up after you have had a screening test.

Your information may be used by the NCSR or given to other parties to provide you with healthcare, for the purpose of research, investigation or where it is required or authorised by law or court or tribunal order.

If you require more information visit the website www.ncsr.gov.au.