



Cease Contact and Correspondence Form

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.