



# Nominate Healthcare Provider Form

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.

* Medicare Number	<input type="text"/>		
* Family Name	<input type="text"/>		
* Given Names	<input type="text"/>		
* Date of Birth	Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>
* Address	<input type="text"/>		
	<input type="text"/>		
* Suburb	<input type="text"/>		
* State	<input type="text"/>	* Postcode	<input type="text"/>

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

* Nominated HCP's Family Name	<input type="text"/>		
* Nominated HCP's Given Name	<input type="text"/>		
* Nominated Medical Practice Name	<input type="text"/>		
Medical practice Address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Suburb:	<input type="text"/>		
State:	<input type="text"/>	Postcode	<input type="text"/>
Telephone:	<input type="text"/>		
Provider Number: <i>(if known)</i>	<input type="text"/>		

### 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](http://www.ncsr.gov.au) or call 1800 627 701.