



Re-enrol in the Programme

I wish to re-enrol in the National Cervical Screening Programme

Please fill in the information below

Last Name: _____

First Name(s): _____

Other Names known by, including Maiden Name: _____

Address: _____

Phone Number: () _____

Date of Birth: / /

National Health Index (NHI) Number (if known): _____

Ethnicity

Which ethnic group do you belong to?
Mark all that apply to you

New Zealand European

Māori

Samoan

Cook Island Māori

Tongan

Niuean

Chinese

Indian

Other (please state):

(e.g. Dutch, Japanese, Tokelauan)

If previously enrolled in the programme:

Date previously withdrew from the programme (if known): / /

Signed: _____

Date: _____

Smear Taker Details:

Smear Taker Name: _____

Health Facility Name: _____

Phone Number: _____

The National Cervical Screening Programme supports women and smear takers by:

- making sure a complete record of your cervical screening history exists, regardless of whether you change your smear taker
- sending a reminder if you are a few months overdue for your regular cervical smear
- making sure you receive follow-up if you have an abnormal smear result
- monitoring programme quality and evaluating all stages of screening.

To ensure we receive this promptly, please either fax this form to us at (04) 460 1100 or email it to us at info@ncspregister.health.nz

Alternatively, please post it to us marked 'Private and Confidential' to:

NCSP Register Central Team
PO Box 5895
Wellington 6140