Re-enrol in the Programme

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| **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)* |

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

**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**