



Re-enrol in the Programme

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

Background details to be completed

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 the space or spaces that apply to you.

New Zealand European

Māori

Samoan

Cook Island Māori

Tongan

Niuean

Chinese

Indian

Other (please state):
(eg. Dutch, Japanese, Tokelauan)

If previously enrolled on the Programme:

Date previously withdrew from the Programme (if known): / / _____

Signed: _____

Date: _____

Smear Taker details:

Smear Taker Name: _____

Surgery/Practice 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 doctor or smear taker
- sending a reminder if you are a few months overdue for your regular cervical smear
- checking you get the right tests and/or treatment if you have an abnormal smear result
- monitoring programme quality and evaluating all stages of screening.

Post your completed form in an envelope marked 'Private and Confidential' to:

**NCSP - Register Central Team
Screening Support Team
National Screening Unit
Ministry of Health
PO Box 5895, Lambton Quay
Wellington 6145**

For further information, please discuss this with your smear taker or visit our website www.nsu.govt.nz