

National Cervical Screening Programme Register User Access Request Form

Health Facilities must complete this form if they require direct access to the NCSP Register.
Completed form must be sent to the NCSP Register Manager: Email info@ncspregister.health.nz or Fax 04 460 1100

Health Facility / Organisation Details

Name			
Address	Number/Street	Suburb	City
Phone		Email	
Organisation Type (Select one)	Laboratory	Colposcopy	Regional Service Independent Service Provider
Reason for Access			

Contact Details

Name			
Position			
Mob/DDI Phone		Email	

Technical / IT Contact Details

Name			
Position			
Mob/DDI Phone		Email	

Digital Certificate Details

If your organisation already has a digital certificate, please provide the following information exactly as it appears.

O = Organisation	
L = Location	
C = Country	

All users of the NCSP Register are required to comply with the Health Act (1956) as amended by Part 4A (2004), the Health Information Privacy Code 1994, as well as their organisations' policies and protocols on privacy/confidentiality and other codes of conduct or conditions of employment. Access to information in relation to individuals must be for clinical purposes only. By signing this document, you and any staff member in your organisation delegated to use the NCSP Register, agree to abide by these terms and conditions.

Authorised by:

Signature _____ **Date** _____

Name _____

Position _____

FOR ASSISTANCE PHONE THE NCSP NATIONAL COORDINATION CENTRE 0800 50 60 50