



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: _____

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 Cervical Screening Programme (if known): / /

Signed: _____

Date: _____

Screen-taker Details:

Screen-taker Name: _____

Health Facility Name: _____ Phone Number: () _____

The National Cervical Screening Programme supports women and screen-takers by:

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

To ensure we receive this promptly, please 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