

# Qualified Person Registration Form

(Qualified Persons include GPs, Assistant GPs, Registered Nurses and Trainee GPs.  
Please use a single sheet for each Qualified Person.)

The Qualified Person acknowledges and agrees that Programme smear tests will be carried out under the clinical responsibility of the General Practitioner (GP) below pursuant to the Contract for the Provision of Smear-taking Services entered into by the General Practitioner and the National Cancer Screening Service. The contracted General Practitioner shall receive payment for all such tests carried out.

## Qualified Person (QP)

Name of doctor or nurse  
(BLOCK CAPITALS)  Male  Female

Please specify GP  Assistant GP  Registered Nurse  Trainee GP

Medical Council Registration Number (MCRN) or Nursing & Midwifery Board  
of Ireland number (NMBI)

Email address

Signature of the Qualified Person  Date

## Clinically Responsible General Practitioner (Contracted GP)

Name (BLOCK CAPITALS)

Medical Council Registration Number (MCRN)

PCRS / GMS Number

Do you wish to list this QP on the  
CervicalCheck website with your practice? Yes  No

Signature of Clinically Responsible GP  Date

The Qualified Person and/or the General Practitioner will be notified when the QP registration process has been completed. It is important to notify Programme Administration Office of any changes to your details or professional registration status.

For office use only

Date stamp	Check 1	<input type="text"/>	Date	<input type="text"/>
	Check 2	<input type="text"/>	Date	<input type="text"/>
	Practice ID	<input type="text"/>		

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