

# Self-registration form



Cervical screening saves lives.

# CervicalCheck

THE NATIONAL CERVICAL SCREENING PROGRAMME

**CervicalCheck**  
The National Cervical Screening Programme  
Freepost LK407  
Limerick

No stamp required

## Please fill in this form to register

When you have filled it in, moisten the gummed area, fold in half, seal and Freepost.

## The CervicalCheck register

CervicalCheck – The National Cervical Screening Programme is a Government-funded service that provides free smear tests to women aged 25 to 60. CervicalCheck has a register (list) of women aged 25 to 60. This register is a secure electronic database that contains your name, address, date of birth and Personal Public Service Number (PPS No.). The register also records your smear test results and any related procedures that you might have had. To keep the register up to date, please let us know if there is any change to your personal details such as your name or address.

## How can I have a free smear test?

To arrange a smear test, you can contact a registered smearer of your choice to make an appointment. Thousands of GPs, practice nurses, Well Woman Clinics and women's health and family planning clinics all over Ireland are registered. For details of registered smearers, call CervicalCheck on **1800 45 45 55** or visit [www.cervicalcheck.ie](http://www.cervicalcheck.ie).

CervicalCheck also sends invitation letters to women who are on the CervicalCheck register. You can check that you are on the register by calling Freephone **1800 45 45 55**, visiting [www.cervicalcheck.ie](http://www.cervicalcheck.ie) or filling in and returning this form to CervicalCheck.

Please fill in this form using **BLOCK CAPITALS**.

Please provide your Personal Public Service Number (PPS No.).

PPS Number:									
-------------	--	--	--	--	--	--	--	--	--

Date of birth:	D	D	M	M	Y	Y	Y	Y
----------------	---	---	---	---	---	---	---	---

Surname:
----------

First name:
-------------

Middle name:
--------------

Surname at birth:
-------------------

Mother's maiden name (mother's surname at birth):
---

--

Address:
----------

--

--

--

Have you had a smear test in the last three years?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

Please provide a daytime (9.30am – 5.00pm) telephone number if you would be happy for us to contact you by phone.

Daytime phone number:
-----------------------

CervicalCheck is part of the National Cancer Screening Service.

ALL INFORMATION IS CONFIDENTIAL ALL INFORMATION IS CONFIDENTIAL

When form is complete, fold it and seal using this gummed area.