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| Ceasing From Cervical Screening Programme |

This form should be used if a participant is to be permanently removed from the NHS Cervical Screening Programme (NHSCSP) due to ineligibility.

Please indicate the reason for the removal and ensure that the participant is being removed in accordance with NHSCSP guidelines, i.e. age, no cervix, radiotherapy. The NHS Cervical Screening Administration Service (CSAS), following instructions from NHSCSP, will carry out audits to ensure that the participants are correctly ceased.

Once the participant's name has been removed from the screening list, they will receive no further invitations or correspondence from the screening programme except a letter to confirm the removal (excluding radiotherapy to cervix).

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| Participant Full Name\* | Click here to enter text. |
| Participant NHS Number\*  | Click here to enter text. |
| Participant Date of Birth\* | Click to enter a date. |
| Participant Address:\*  | Click here to enter text. |

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| Reason for Ceasing due to (Please select only **one**):\*  |
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| Organisation details  |
| Doctor/Nurse/Clinician Signature:\*  |  |
| Full Name (Printed):\* | Click here to enter text. | Date:\* | Click here to enter a date. |
| Practice Name / Hospital Trust Name:\* | Click here to enter text. | GP National Code\*  | Click here to enter text. (*If applicable)* |
| Practice/Hospital Trust Address:\* | Click here to enter text. |

**Next Steps**

Once completed and signed, please upload this form via the CSAS website. You should use the online enquiry form on the ‘Contact Us’ page and select the ‘Cease’ option. Keep the original copy in your files.

*Please note that fields marked with an asterisk (\*) are mandatory*