|  |
| --- |
| Reinstate into Cervical Screening Programme |

This form should be used to reinstate a participant back into the NHS Cervical Screening Programme (NHSCSP).

The reason for reinstating must be specified.

Once the participant’s name has been reinstated onto the screening list, the participant will receive an invitation at the correct interval in accordance with the NHS Cervical Screening Programme.

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

|  |
| --- |
| Reason for reinstating due to (Please select only **one** option): \* |
|   |

|  |
| --- |
| Practice details  |
| Full Name (Printed)\* | Click here to enter text. | Date:\* | Click here to enter a date. |
| Practice Name\* | Click here enter text. | GP National Code:\*  | Click here to enter text . |
| Practice Address\* | Click here to enter text. |

**Next Steps**

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

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