NATIONAL CERVICAL SCREENING CONTRACTOR DETAILS AND ACCEPTANCE FORM

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hereby a Clients.	agree to deliver the Services in a	ccordanc	e with	the t	erms	and o	cond	itions s	set out	in this	Contr	act to	Eligib	le
cilents.		1												
1.	Contractor (person with legal													
	responsibility to enter into								+	+				
	contract) And, if different	$ \downarrow \downarrow \downarrow$												
	Clinically Responsible Doctor													
	(Full Name)					1	1							_
2.	Company Registration													
	Number		1											
	MCRN Number of named													
	doctor above													
	Clinic Name													
	Clinic Name Clinic Premise Address			_				+						1
														4
3.														
									+	-				
	Clinic Eircode				\top									Ц
4.														
5.	PCERS assigned Number		·		$\overline{1}$									
	(where applicable)													
6.	HSE Healthlink ID of named doctor above													
7.	Practice Telephone Number													
8.	Healthmail or HSE Email Address (mandatory)													_
9.	Practice Email Address													_
The Contractor agrees to notify the HSE/NSS of any changes or proposed changes in respect of any information provided in this Contractor Details and Acceptance Form in accordance with the Notice provisions at Clause 16 of this Contract.											эn			
By signı 	ng below, the Parties hereby agre	e to the	above	and a	to the	e term	ns of	the Co	ntract					
Signed & Dated by the Contractor:			Sigi	Signed by an Authorised Representative of the HSE:										
Printed Name: / Date			-											
Signed by Clinically Responsible Doctor if different to above)														
Printed Name: / Date			Signed / Date on behalf of HSE / NSS											