NATIONAL CERVICAL SCREENING CONTRACTOR DETAILS AND ACCEPTANCE FORM

I.....(hereafter called the "Contractor") having practice premises as set out below and being a Registered Medical Practitioner entered on the Register of Medical Practitioners maintained by the Irish Medical Council in that name, practising in the State, hereby agree to deliver the Services in accordance with the terms and conditions set out in this Contract to Eligible Clients.

1.	Contractors Full Name (as it appears on the Irish Medical Council Register)						
2.	Irish Medical Council Number						
	Practice Name (1 st row)						
	Practice Premises Address						
З.							
4.	Practice Eircode						
5.	PCERS assigned Number						
6.	HSE Healthlink ID (Mandatory)						
7.	Practice Telephone Number						
8.	Healthmail Email Address (Mandatory)						
9.	Practice Email Address						

The Contractor agrees to notify the HSE/NSS (CervicalCheck) 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.

By signing below, the Parties hereby agree to the above and to the terms of the Contract.

Signed by the Contractor:	Signed by an Authorised Representative of the HSE:
Printed Name:	-
	-
Date:	Date:
Date:	Date: