

CSW Sample Taker Code Application Form



We need to hold information about each sample taker in order to correctly allocate and maintain the new ID code in use on the HMR 101 form. The information will also be essential for sending the monitoring reports to each element of the Cervical Screening Programme in Wales.

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| Personal Details | |
| Title <input type="text"/> | Type: <input type="checkbox"/> Doctor |
| Surname <input type="text"/> | <input type="checkbox"/> Nurse |
| Forename(s) <input type="text"/> | Colposcopist: <input type="checkbox"/> Trainee Colposcopist |
| Date of Birth* <input type="text"/> | <input type="checkbox"/> Accredited Colposcopist |
| GMC/NMC Code <input type="text"/> | <small>△ Required to check registration.</small> |

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| Training | <i>Update training is provided by CSW and sample takers are advised to undertake training at least once every three years.</i> | |
| Trained in Liquid Base Cytology? Yes: <input type="checkbox"/> No: <input type="checkbox"/> | | |
| If YES please indicate which method and give the date and venue: | | |
| SurePath™: <input type="checkbox"/> | ThinPrep™: <input type="checkbox"/> | Other (please state): <input type="checkbox"/> |
| <small>Date and Venue</small> | <small>Date and Venue</small> | <small>Date and Venue</small> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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| Location Details - The location where you take samples: |
| <i>Please give details of the main location where you take samples. This address should be where you would like your CSW correspondence and Individual Sample Taker report to be sent.</i> |
| Please include the department for a hospital address. |
| Address: |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| Post Code <input type="text"/> |

* Note: Personal details and date of birth are kept so that CSW can distinguish professionals with the same name. You do not have to fill in this field but we would like to hold it on file so that we can maintain accurate ID codes.

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| Signature: <input type="text"/> | Date: <input type="text"/> |
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