

# Cervical Smear Taker Training

NZQA Standard 29556



WELL WOMEN  
& FAMILY

## Eligibility Criteria: please tick.

- Applicant is a registered health professional whose scope of practice includes Cervical Screening.
- Applicant has a current New Zealand Practising Certificate
- Applicant has current professional indemnity insurance
- Applicant has access to an appropriate client base (women who require cervical screening to ensure competency can be maintained.)
- Applicant has a clinical supervisor(s) to support them during their training.
- I agree to Well Women & Family notifying me of updates.
- I allow Well Women & Family to give my training details to the NCSP Register & NZQA.

## Application Form (All fields are compulsory):

Course Date: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

NOK Name: \_\_\_\_\_ NOK Email: \_\_\_\_\_

Home Address (for correspondence):  
\_\_\_\_\_

Special Needs or Dietary Requirements: \_\_\_\_\_

Workplace Name and Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work email: \_\_\_\_\_

Email address for invoice: \_\_\_\_\_

Main area of practice:

Registered Nurse  Midwife  Enrolled Nurse  Medical Practitioner  Nurse Practitioner

Nursing Council Number #: \_\_\_\_\_ Indemnity Insurance #: \_\_\_\_\_

HPI-CPN #: \_\_\_\_\_

## Supervising Health Professional:

Your supervising health professional will provide mentoring, support, and clinical advice. They must have a current NCSP Register ID number, two years + experience in Cervical Screening and a current APC. Your supervisor **must be in the room with you for at least the first 15 smears** that you perform and sign and complete part two of the consultation checklist.

Supervisor Name: \_\_\_\_\_ Qualification: \_\_\_\_\_

Applicants Name & Signature: \_\_\_\_\_