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| Ceasing From Cervical Screening Programme: Mental Capacity Act (MCA) |

Please do not send the participant named below any further invitations to participate in the NHS Cervical Screening Programme. I understand that the participant named below can be restored to the screening list at any time.

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| 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. |

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| --- | --- | --- | --- |
| Participant representative or Carer Details | | | |
| Full Name\* | Click here to enter text. | | |
| Address\* | Click here to enter text. | | |
| Signature\*  **Wet Signature Only** |  | Date:\* | Click here to enter a date |

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| Declaration\* |
| I assume full responsibility for this decision in a Best Interest Capacity in line with the Mental Capacity Act. I have made the decision after taking the following actions:   1. Discussion with the participant to assess capacity 2. Discussion with the participant's representative or carer of the participant including the benefits and disadvantages of cervical screening and the importance of screening in the prevention of cervical cancer. 3. **\*Discussion with other members of the care team and/or family members/carers (please specify who): Click here to enter text.**   **I confirm that the situation will be reconsidered if the participant’s personal circumstances change.** |

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| Responsible Clinician Signature\*  **Wet Signature Only** |  | | | | |
| Full Name (Printed)\* | Click here to enter text. | | Date:\* | Click here to enter a date | |
| Responsibility to Participant\* | Click here to enter text. | | | | |
| Organisation Name\* | Click here to enter text | GP National Code:\* | | | Click here |
| Organisation Address\* | Click here to enter text. | | | | |

**Next Steps**

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

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