

**MERSEY REGION GROUP FOR HEALTH TRAINING
CERVICAL SAMPLE TAKER THEORY TRAINING COURSES FOR NEW SAMPLE
TAKERS
for Doctors, Nurses, Physician Associates, Registered Nurse Associates**

Please tick one box from the below:-

Tuesday 1st and Wednesday 2nd April 2025 ☐

Wednesday 8th and Thursday 9th October 2025 ☐

Holiday Inn Express Preston South, Reedfield Place, Walton Summit, Preston PR5 8AA
(2 day course – finishing at 4.30pm)

*******FULL ATTENDANCE IS MANDATORY*******

PLEASE COMPLETE IN BLOCK CAPITALS

SURNAME:

JOB TITLE:

FORENAMES (in full):

PREFERRED FIRST NAME:

PROFESSIONAL REGISTRATION NO:

EMPLOYER:

WORK ADDRESS:

CCG:

WORK TEL. NO:

MOBILE NO:

NHS EMAIL ADDRESS:

DATE OF BIRTH:

SIGNED:

Vegetarian? Yes ☐ No ☐

Special Dietary Requirement?

PRIMARY IN HOUSE MENTOR DETAILS
MUST BE COMPLETED

NAME:

EMPLOYER:

WORK ADDRESS:

EMAIL ADDRESS :

TEL. NO:

PROFESSIONAL REGISTRATION NUMBER:

DATE OF LAST CYTOLOGY MENTOR UPDATE:

(Attach Certificate)

DATE OF LAST CYTOLOGY UPDATE:

(Attach Certificate)

Mentor - Please see mentor/Assessor criteria attached

I confirm I understand & fulfil the National Mentor/Assessor Guidelines attached Yes ☐ No ☐

EXTERNAL ASSESSOR/MENTOR

(must be from a different practice, their role is to observe you taking 3 final samples once your in-house mentorship is complete)

NAME:

EMPLOYER:

WORK ADDRESS:

EMAIL ADDRESS :

TEL. NO:

PROFESSIONAL REGISTRATION NUMBER:

DATE OF LAST CYTOLOGY MENTOR UPDATE:

(Attach Certificate)

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(Attach Certificate)

Assessor/Mentor - Please see mentor criteria attached

I confirm I understand and fulfil the National Mentor Guidelines attached Yes ☐ No ☐

Places will be confirmed by Pennine Lancashire Training Hub after receiving a fully completed application form and subject to availability. Future course dates to be confirmed throughout the year.

PLEASE RETURN FULLY COMPLETED FORMS TO YOUR LOCALITY LEAD WHO WILL ALLOCATE AN EXTERNAL ASSESSOR. PLEASE ATTACH MENTOR CERTIFICATES. N.B FORMS NOT FULLY COMPLETED WILL BE RETURNED TO YOU

TO BE COMPLETED BY EMPLOYER

CONTRACT OF TRAINING

Date of 2 day Theory Course:

Name of Delegate:

The above named has applied to attend a 2 day Cervical Sample Taker Theory Course.

I confirm that the practice will fully support the trainee and begin training immediately after completion of theory course. Arranging suitable clinics and contacting this office for on-going support and advice as and when required.

Following full attendance it is important that he/she completes all the practical training and visits **within the next 9 months** as directed in their workbook. This will enable them to be signed off as competent and having completed the full cervical sample taker training.

The following guidelines must be followed:

- Only the agreed mentors to conduct the training – any request for change of mentor must be done through this office
- The workbook provided will be fully completed by trainee, mentor and assessor
- Trainee will:
 - Observe mentor take a minimum of 2 samples (more if required)
 - Mentor will observe trainee taking 5 samples (more if required)
 - Trainee and Mentor complete the online Interim Assessment (link in book)
 - Trainee will take no more than 25 unsupervised samples
 - Once trainee has achieved 20 ADEQUATE samples they should contact their external assessor to arrange a suitable date for them to come to their practice. In the interim, no more samples should be taken
 - External assessor will observe trainee taking 3 samples, check and sign workbook
 - Trainee should check book is fully completed then scan to us for checking and signing off. They do not need to wait for results from the 3 observed samples
 - No further samples should be taken until they receive a certificate of completion

If there are any problems or delays please don't hesitate to get in touch with us for support

The practical element is a very important part of cytology training and failure to complete will mean that they will be unable to continue to take cervical samples.

Signed by Practice Manager:

Please print full name:

Email address:

Direct contact Number: