**Change of details request**

Please change my details with:

|  |  |
| --- | --- |
| Tasmanian Cervical Cancer Prevention Program sub branding | BreastScreen Tasmania sub branding with says "Tasmania's only accredited screening service" |
| The Tasmanian Cervical Screening Register [ ]  |  BreastScreen Tasmania [ ]  |

Please complete **all** details below so we can identify and update your records. Please print clearly using BLOCK letters.

| Record |  Your details |
| --- | --- |
| Client reference number |       |
| Date of Birth |  |
| Surname |  |
| Previous surname (if applicable) |       |
| Given name(s) |       |
| New street address |       |
| New suburb and postcode |       |
| Previous street address |       |
| Previous suburb and postcode |       |
| Preferred contact phone number |       |

**Your signature: ………………………………..**

**Date: ………………**

Thank you for taking the time to complete this form

Please return this form to:

cscs.administration@ths.tas.gov.au

Population Screening & Cancer Prevention

GPO Box 125, Hobart, Tasmania, 7000

Telephone: (03) 6166 6910, Fax: (03) 6216 4309