

Suspend form

This form is to be used if you wish to suspend your participation in the program for a period of time.

ID number

(you will find this on the top of your invitation letter)

Family Name

Date of Birth

 / /

Given Name(s)

Female

Male

seeking doctor's advice

recent bowel cancer screening

recent colonoscopy

illness

travelling

other

I wish to suspend my participation until (tick one of the following):

 / /

(Please enter the date you wish to recommence in the program. This cannot be greater than one year from the date you were invited to participate)

I am next eligible to participate in the program

Signed

Dated

 / /

Please Note: This form must be signed by the person invited to participate in the program or a third party authorised to act on their behalf. If signing on behalf of the invitee please provide your name and contact information:

Authorised third party name

Authorised third party contact numbers:

Work: ()

Home: ()

(Mobile)

Once you have completed this form, please remove it from the booklet and send it to the Program Register at the following address (no postage stamp required):

**NBCSP Register
Reply Paid 83245
Canberra BC ACT 2610**