

CONDOM DISTRIBUTION SCHEME REGISTRATION FORM

Registration date

Date of birth

- For under-16s use Fraser Guidelines to assess level of competency – DHSS 1986

Criteria met? Yes No

- If 'Yes', continue with registration
- If 'No', explain why unable to register at this point, discuss safe sex and delay message; consider whether or not a child protection issue

Sex Male Female

Full postcode

Registration Centre No.

- Copy number onto C card

Condom demonstration Yes No

Literature given Yes No

Signature of distributor

Ethnicity	<input type="checkbox"/> British	<input type="checkbox"/> Indian	<input type="checkbox"/> Ethnic Other
	<input type="checkbox"/> Irish	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Black Other
	<input type="checkbox"/> White Other	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> African
	<input type="checkbox"/> White/Black Caribbean	<input type="checkbox"/> Asian Other	<input type="checkbox"/> Mixed Other
	<input type="checkbox"/> White/Black African	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Prefer not to state
	<input type="checkbox"/> White/Asian	<input type="checkbox"/> Chinese	

IMPORTANT: All information collected is strictly confidential. Some information (e.g. sex, age, ethnicity) is required for the Department of Health for monitoring our service. Information you give will be destroyed in accordance with the Isle of Wight NHS Primary Care Trust policy. Please discuss any concerns you may have regarding this information at any time.

Sharing of information Client agrees Client does not agree