

CONDOM DISTRIBUTION SCHEME REGISTRATION FORM

Registration date

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

Criteria met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Under 16	<input type="checkbox"/> Over 16
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- 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	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Full postcode							
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Registration Centre:	
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Condom demonstration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Literature given	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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	<input type="checkbox"/> Client agrees	<input type="checkbox"/> Client does not agree
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