**REGISTRATION FORM**

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| **Name of Outlet** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Postcode** | Click here to enter text. |
| **Telephone No** | Click here to enter text. |
| **Contact Person** | Click here to enter text. |
| **E-Mail Address** | Click here to enter text. |

**What does your organisation do?**

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| --- |
| Click here to enter text. |

**Why do you want to register?**

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| Click here to enter text. |

**Who are your main service users?**

Young People  Men who have sex with men

Sex Industry Workers  Injecting Drug Users

HIV Positive People  General Population

**How do you envisage distributing the condoms within a Health Promotion framework?**

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| --- |
| Click here to enter text. |

**Please complete this registration form and send it by email to bbvmcn.tayside@nhs.net or by post to:**

**CCard Adminstrator, NHS Tayside, Kings Cross Hospital, Clepington Road, DUNDEE, DD3 8EA**

**Please note that this scheme is only open to organisations operating within Tayside.**

**For further information about the scheme and criteria for membership please visit** [**https://www.sexualhealthtayside.org/professionals/resources/cds-and-ccard/**](https://www.sexualhealthtayside.org/professionals/resources/cds-and-ccard/)