**REGISTRATION FORM**

|  |  |
| --- | --- |
| **Name of Outlet** |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone No** |  |
| **Contact Person** |  |
| **E-Mail Address** |  |

**What does your organisation do?**

|  |
| --- |
|       |

**Why do you want to register?**

|  |
| --- |
|       |

**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?**

|  |
| --- |
|       |

**Please complete this registration form and send it by email to tay.bbvmcn@nhs.scot 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/)