



## REGISTRATION FORM

<b>Name of Outlet</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Telephone No</b>	
<b>Contact Person</b>	
<b>E-Mail Address</b>	

**What does your organisation do?**

**Why do you want to register?**

**Who are your main service users?**

- |                      |                          |                           |                          |
|----------------------|--------------------------|---------------------------|--------------------------|
| Young People         | <input type="checkbox"/> | Men who have sex with men | <input type="checkbox"/> |
| Sex Industry Workers | <input type="checkbox"/> | Injecting Drug Users      | <input type="checkbox"/> |
| HIV Positive People  | <input type="checkbox"/> | General Population        | <input type="checkbox"/> |

**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](mailto:tay.bbvmcn@nhs.scot) or by post to:  
CCard Administrator, 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://shbbvtayside.co.uk/professionals/tayside-condom-initiative/>