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**C-CARD DISTRIBUTION FORM**

**Venue:**

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| |  | | --- | | **Date** | | **C CARD NUMBER** | |  | | --- | | **VISIT NUMBER** | | |  | | --- | | **STAFF NAME (Print)** | | |  | | --- | | **SIGNATURE** | |
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**PLEASE RETURN THIS FORM BY THE 1ST OF EACH MONTH TO:  
C-Card Admin, Haymarket Health, Haymarket Shopping Centre, Leicester, LE1 3YT  
Email:** [**ISHtraining@mpft.nhs.uk**](mailto:ISHtraining@mpft.nhs.uk) **Fax: 0300 3034037**