

Full Name: <i>IN BLOCK CAPITALS</i>	Date of Birth:	Age:	Gender at Birth:	Ethnic Code (PTO):
			Male Female Not Known	Sexual Orientation (PTO):



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carry with confidence.....

Mobile:	House number & Postcode:
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Country of Birth:	Do you consider yourself to have a disability? Yes / No
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FEEDBACK — How was your visit today?	How did you hear about the scheme?
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<b>STAFF ONLY</b> <u>Complete ALL boxes</u>	Venue Name:	Date:	Form completed by: (STAFF ONLY— BLOCK CAPITALS PLEASE)

For ALL	Yes	No	Comments
Confidentiality discussed			
C-Card Scheme - information provided			
Discussed safer sex relationships, STI's, contraception, age of consent (inc age of partner), risks and regret			
<b>Under 16 or vulnerable adults only</b>			
Fraser assessed	Y / N	Fraser Competent	
Risk assessment			Safeguarding referral made?
Safeguarding or Child Protection including risk of CSE, where met partner discussed inc social media			Other Comments e.g. Onward referral
Condom demonstration completed			
C-Card issued?			

<b>ALL STAFF</b>	C-Card Number:	<b>PLEASE COMPLETE</b>	Type of registration:	New	1st Pack given	Yes No
				Review		
				Lost Card		



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<b>ETHNICITY CODES:</b>	
A WHITE - BRITISH	J ASIAN OR ASIAN BRITISH - PAKISTANI
B WHITE - IRISH	K ASIAN OR ASIAN BRITISH - BANGLADESHI
C WHITE - OTHER	L ASIAN OR ASIAN BRITISH - OTHER
D MIXED – WHITE AND BLACK CARIBBEAN	M BLACK OR BLACK BRITISH - CARIBBEAN
E MIXED – WHITE AND BLACK AFRICAN	N BLACK OR BLACK BRITISH - AFRICAN
F MIXED – WHITE AND ASIAN	P BLACK OR BLACK BRITISH - OTHER BLACK BACKGROUND
G MIXED - OTHER	R OTHER ETHNIC GROUPS - CHINESE
H ASIAN OR ASIAN BRITISH - INDIAN	S OTHER ETHNIC GROUPS - OTHER

<b>SEXUAL ORIENTATION CODES:</b>
A HETEROSEXUAL (STRAIGHT)
B HOMOSEXUAL (GAY MAN)
C HOMOSEXUAL (LESBIAN WOMAN)
D BISEXUAL
E UNSURE / DON'T KNOW
F DECLINED TO ANSWER