

Full Name: <i>IN BLOCK CAPITALS</i>		Do you consider yourself to have a disability? Yes / No If Yes please give some detail: Physical / Non-physical Literacy/learning e.g. dyslexia	Gender at Birth (please tick): Female (inc trans woman) Male (inc trans man) Not Specified Other
Date of Birth:	Age:		



the **C**card
carry with confidence.....

Mobile:	Country of Birth:		How was your visit today?
House number & Postcode:	Ethnic Code (PTO):	Sexual Orientation (PTO):	

<u>STAFF ONLY</u>	Venue Name:	Date:	Form completed by: (STAFF ONLY— BLOCK CAPITALS PLEASE)

For Everyone	Yes	No	Comments
C-Card Scheme - Confidentiality discussed and information provided			
Sharing of information with Trust sexual health services (GDPR). CONSENT GIVEN			ONLY PROCEED IF CONSENT GIVEN
Under 16 or vulnerable adults only			
Fraser assessment Y / N Fraser Competent			
Discussed safer sex and healthy relationships. Safeguarding or Child Protection including risk of CSE, where met partner discussed inc social media			Safeguarding referral made? Other Comments e.g. Onward referral
Condom demonstration completed			
C-Card issued?			

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



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ETHNICITY CODES:	
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

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