|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact Information | | | | | | | | | |
| **Organisation Name:** | |  | | | | | | | |
| **Contact Name:** | |  | | | | | | | |
| **Organisation Address**  **Line 1:** | |  | | | | | | | |
| **Line 2:** | |  | | | | | | | |
| **Line 3:** | |  | | | | | | | |
| **Postcode:** | |  | | | | | | | |
| **Telephone Number:** | |  | | | | **Mobile:** | |  | |
| **Email Address:** | |  | | | | | | | |
| Organisation Details | | | | | | | | | |
|  | NHS | |  | HSCP | | |  | | Voluntary sector |
|  | Private sector | |  | Social Work | | |  | | Housing Services |
|  | Commercial Sexual Exploration/GBV | |  | | Criminal Justice | |  | | Further Education |
|  | Addiction Services | |  | | Residential / Secure Unit | |  | |  |
|  | Other (please specify) | |  | | | | | | |
| **Organisation Purpose/Aim** | | | | | | | | | |
|  | | | | | | | | | |
| **Organisation client/service population** | | | | | | | | | |
|  | Work with Males only | |  | Work with Females only | | |  | | Work with all genders |
|  | Work with Adults only | |  | Work with all age ranges | | |  | |  |
| Please specify how many clients/service users you see in a month. | | | | | | | | | |
| **Organisation agreement for personnel to become key contact** | | | | | | | | | |
| I the line manager for (entre name) agree that they can become a key contact for the organisation. This includes the key contact being allowed to discuss S&RH with clients/service users and colleagues, attending the foundation 2 sessions and follow up sessions  Signature of line manager | | | | | | | | | |

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| **What do you currently know about Sandyford sexual heath services ?** |
|  |
| Are you currently a venue for the Free Condoms Service? If not would you like to become a venue for your clients/service users? |
|  |
| Do you currently provide any sexual health information or education to your clients /service users ? |
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| Please detail any previous sexual health training your organisation has taken part in. (Include the year and trainer provider ) |
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| Please detail any sexual heath information you would like to be supported with. |
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| Please feel free to use this space for any further information you would like to share  with us. |
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| Please indicate preference for first and second choice of cohort |
| Cohort 5: 10th July and 7th August  Cohort 6: 13th July and 3rd August |