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| Contact Information |
| **Organisation Name:** |  |
| **Contact Name:**  |  |
| **Organisation Address****Line 1:** |  |
| **Line 2:** |  |
| **Line 3:** |  |
| **Line 4:** |  |
| **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 |

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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 1: 8th December 2017 and 12th January 2018.** [ ] **Cohort 2: 13th February 2018 and 13th March 2018.** [ ]  |