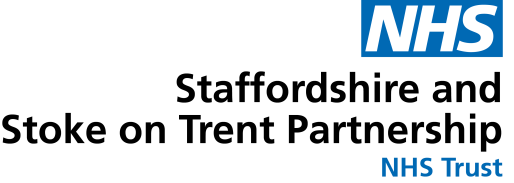
**C-Card Registration Form  
\*Please complete in BLOCK CAPITALS\***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **D** | **D** | **M** | **M** | **Y** | **Y** | | | | | |
| **Date of Birth:** | | **Age:** | **Postcode:** | |
| **Gender at Birth:**  🞎Male  🞎 Female | **Gender Identity :**  🞎Male *(including trans male)*  🞎 Female *(including trans female)*  🞎 Non-binary  🞎 Prefer not to say | | | **Sexual Orientation:**  🞎Straight  🞎Gay  🞎Lesbian  🞎Bisexual  🞎Unsure  🞎Prefer not to say |
| **Which of the following best describes your ethnic group?** *(please tick one selection)*   |  |  | | --- | --- | | 🞎 White British | 🞎 Asian or Asian British - Pakistani | | 🞎 White Irish | 🞎 Asian or Asian British - Bangladeshi | | 🞎 Other white background | 🞎 Any other Asian background | | 🞎 Mixed – white and black Caribbean | 🞎 Black or black British - Caribbean | | 🞎 Mixed – white and black African | 🞎 Black or black British - African | | 🞎 Mixed – white and Asian | 🞎 Any other black background | | 🞎 Any other mixed background | 🞎 Chinese | | 🞎 Asian British - Indian | 🞎 Any other ethnic group | | | | | |
| **PLEASE READ** The information you provide within this form will be shared with Midlands Partnership NHS Foundation Trust. Your information will be used to create an electronic sexual health record which is confidential and not shared with other services, unless we have reason to believe you or someone else is at risk of harm and the information in this form is relevant to keeping you safe. You have the right to ask for your information to be removed at any time. If you would like more information relating to your rights and the Trust, ask the professional that is registering you.  **I UNDERSTAND THE ABOVE STATEMENT** *(PLEASE TICK)* **🞎** | | | | |

**THIS SECTION TO BE FILLED IN BY STAFF**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Venue:** | | | | **Staff member:** | | | | | |
|  | | | | | | **Yes** | **No** | | **Other** |
| C-Card information provided and consent obtained from the young person | | | | | |  |  | |  |
| Discussed relationships, sexual health, contraception and delay | | | | | |  |  | |  |
| Sexual health service information provided | | | | | |  |  | |  |
| Age of consent and confidentiality discussed | | | | | |  |  | |  |
| **Under 16s or vulnerable adults** | | | | | | | | | |
| Fraser assessed | | | | | |  |  | |  |
| Risk assessed | | | | | |  |  | |  |
| Condom demonstration completed | | | | | |  |  | |  |
| **Date of registration** |  | **C-Card number** |  | | **Type of  registration** | | | 🞎 New 🞎 Review 🞎 Lost Card | |

**Fraser Guidelines**

To be deemed “Fraser competent” a young person must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so consent, if given, can be properly and fairly described as true consent. Fraser Guidelines apply specifically to the provision of sexual health and contraception services to those under 16, the five principles of a Fraser assessment are:

1. The young person understands the advice being given.
2. The young person does not want to involve parents/carers or allow the professional to do so on their behalf.
3. It is likely that the young person will begin or continue having sex with or without treatment/contraception.
4. Unless they receive treatment/contraception their physical or mental health (or both) is likely to suffer.
5. It is in the young person’s best interests to give contraceptive advice, treatment or supplies without parental consent.

If safeguarding concerns are identified escalation and referral should be made in accordance with the safeguarding policy of the registering professional’s organisation

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