

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

Full Name:									
Date of Birth:		D	D	M	M	Y	Y	Age:	Postcode:
Gender Assigned at Birth:		Gender Identity :			Sexual Orientation:				
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not known		<input type="checkbox"/> Male <i>(including trans male)</i> <input type="checkbox"/> Female <i>(including trans female)</i> <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say			<input type="checkbox"/> Heterosexual (Straight) <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Unsure <input type="checkbox"/> Prefer not to say				
Which of the following best describes your ethnic group? (please tick one selection)									
<input type="checkbox"/> White British		<input type="checkbox"/> White Irish		<input type="checkbox"/> Other white background		<input type="checkbox"/> Mixed – white and black Caribbean		<input type="checkbox"/> Mixed – white and black African	
<input type="checkbox"/> Mixed – white and Asian		<input type="checkbox"/> Any other mixed background		<input type="checkbox"/> Asian British - Indian		<input type="checkbox"/> Asian or Asian British - Pakistani		<input type="checkbox"/> Asian or Asian British - Bangladeshi	
<input type="checkbox"/> Any other black background		<input type="checkbox"/> Chinese		<input type="checkbox"/> Any other ethnic group		<input type="checkbox"/> Any other Asian background		<input type="checkbox"/> Black or black British - Caribbean	
<input type="checkbox"/> Black or black British - African									
Country of Birth:									
PLEASE READ									
<p>The information you provide within this form will be shared with Midlands Partnership University 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. If you would like more information relating to your rights and the Trust, ask the professional that is registering you.</p>									
I UNDERSTAND THE ABOVE STATEMENT (PLEASE TICK) <input type="checkbox"/>									

THIS SECTION TO BE FILLED IN BY STAFF

Venue:				Staff member:			
						Yes	No
C-Card information provided and consent obtained from young person							
Fraser assessed (if the young person is under 16 years old)							
Risk assessed (any safeguarding or child protection issues identified)							
Confidentiality discussed							
Discussed relationships, sexual health, contraception and delay							
Sexual health service information provided inc emergency contraception							
Condom demonstration completed – compulsory for under 16 years old							
Age of consent discussed							
Date of registration		C-Card number		Type of registration		<input type="checkbox"/> New <input type="checkbox"/> Review <input type="checkbox"/> Lost Card	
Number of packs issued		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2			

PLEASE RETURN THIS FORM BY THE 5TH OF EACH MONTH TO: sexualhealth.shropshire@mpft.nhs.uk

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

How we use your information

For more information about how we use your information, scan the QR code to your right, or visit www.mpft.nhs.uk/about-us/information-governance

