

Office use only:

Order Rec' Date:	
Fill & Notify Date:	
ID#	

Winnipeg (Klinik) Safer Sex Supplies Distribution Program

Registration Form

This *Registration Form* must be completed and submitted by an individual designated by your agency to be the main contact for receiving *regular* safer sex supplies.

Please note that there is a separate and different form for one-time requests or events.

Agencies are eligible provided that they:

- Are not-for-profit,
- Serve one or more 'priority populations' identified as experiencing higher rates of sexually-transmitted and blood-borne infections (STBBIs) and/or unintended pregnancies, and
- Are NOT part of government or a regional health authority (RHA), nor an RHA or Manitoba Health core-funded community health agency.

Instructions

1) Provide information for all fields listed below. Incomplete forms may result in supply requests not being fulfilled. Please give a valid email address, as communication will be conducted mostly via email.

2) Once the form is completed and dated, please email to condoms@klinik.mb.ca if you are located in Winnipeg OR condoms@serc.mb.ca if you are located outside of Winnipeg.

- This email is not monitored daily.
- We would prefer to have the form emailed but you may also fax it to 204-772-7998 (in Winnipeg) or 204-982-7819 (outside Winnipeg).

Upon receipt, we will contact you to arrange for pick up in Winnipeg.

We will not be responsible for delivery costs of Winnipeg orders.

If you are outside of Winnipeg, your order will be shipped to you free of charge.

If your agency is interested in participating in the distribution of safer drug-use supplies (safer inhalation/crack kits, safer injecting supplies/needles):

- **In Winnipeg, contact the Health Sexuality and Harm Reduction team at 204-981-0742**

Contact information

Name of Agency:			
Hours of Operation (when supplies would be available):			
Hours Mon.	Hours Tue.	Hours Wed.	Hours Thur.
Hours Fri.	Hours Sat.	Hours Sun.	Hours 24/7
Address (include floor or suite number):			Postal code:
Contact Name:		Title:	
Phone #:		Email:	
Fax #:		Date:	

1) How will your agency distribute safer sex supplies (check one or both)?

On-site: Off-site (mobile service and/or satellite locations):

a. If distributing supplies off-site, please tell us in which postal codes (first three characters) you will distribute them (please list at least one and up to five):

_____, _____, _____, _____, _____

2) In each of the categories below, **please check ALL that apply**. Please describe the service users/community members frequented by your agency:

Communities Served:

- | | | |
|--------------------------|--------------------------|----------------------------------|
| Street-involved/homeless | Youth (<15 yrs old) | Youth (15-24 yrs old) |
| Injection drug users | Sex workers | Men who have sex with men |
| People with low income | Aboriginal/First Nations | New comers (immigrants/refugees) |

Age Range:

- | | | |
|---------------|---------------|---------------|
| 0-12 yrs old | 13-19 yrs old | 20-29 yrs old |
| 30-39 yrs old | 40-49 yrs old | 50+ yrs old |

Gender:

- | | | |
|--------|-------------------------|-------|
| Male | Transgender | |
| Female | Other (please specify): | _____ |

3) Is your agency able to accept and fulfill walk-in requests for safer sex supplies from members of the public, regardless of age?

Yes No

If not, please explain any restrictions you would have to public access to the condoms (i.e. women only, participants only).

4) If you previously stocked and distributed safer sex supplies, how did you fund them?

Never distributed supplies before

Own budget/internal funds

Manitoba Safer Sex Supplies Distribution Program

Other source; please indicate: _____

Please indicate the number of supplies desired. If you are unsure about how many supplies you wish to order, please contact us.

Type of Supply	Number desired
Lubed condoms	x pkg of 100 condoms
Flavoured non-lubed condoms	x pkg of 100 condoms
Flavoured lubed condoms	x pkg of 100 condoms
Lube	x pkg of 144 packets
Internal/female condoms	x 1 condom
Oral dam/sex barrier	x 1 dam

Supplies may be limited due to demand. You will be contacted to finalise the details of your order.

Agreement

- ✓ I/We agree to have our agency's name and address listed as a location where members of the public can pick up free safer sex supplies This information would be available on the Manitoba Sexual Health Services Map (<http://sexualhealthmap.ninecircles.ca/>) and GetSomeCondoms (<http://www.getsomecondoms.com>). We understand that the restrictions to public access, as listed above, will be noted on the map.
- ✓ I/We agree to distribute these supplies free of charge.
- ✓ I/We agree to provide and store supplies in a location that is:
 - visible and accessible to clients
 - consistent and complaint with the manufacturer's guidelines regarding temperature, moisture, direct sunlight, etc
- ✓ I/We agree to monitor the expiration dates of supplies.
- ✓ I/We agree to track statistics and in general cooperate with the evaluation process for the Manitoba Safer Sex Supplies Distribution Program.

On behalf of, _____
(organization)

I, _____
(name and title)

have read the above agreement and understand that by accepting the supplies from the Manitoba Safer Sex Supplies Distribution Program our organization is agreeing to the conditions of the program.