

Manitoba 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 Healthy Sexuality and Harm Reduction Team at 204-981-0742.**

Contact Information

Name of Agency:	
Hours of Operation (when supplies would be available):	
Shipping 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 | <input type="checkbox"/> | Youth (< 15 yrs old) | <input type="checkbox"/> | Youth (15-24 yrs old) |
| Injection drug users | <input type="checkbox"/> | Sex workers | <input type="checkbox"/> | Men who have sex with men |
| People with low income | <input type="checkbox"/> | Aboriginal/First Nations | <input type="checkbox"/> | Newcomers (immigrants/refugees) |

Age Range:

- | | | |
|--|--|--|
| <input type="checkbox"/> 0-12 yrs old | <input type="checkbox"/> 13-19 yrs old | <input type="checkbox"/> 20-29 yrs old |
| <input type="checkbox"/> 30-39 yrs old | <input type="checkbox"/> 40-49 yrs old | <input type="checkbox"/> 50+ yrs old |

Gender:

- | | | |
|--------|--------------------------|----------------------------------|
| Male | <input type="checkbox"/> | Transgender |
| Female | | Other (<i>please specify</i>): |

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).

