

Manitoba Safer Sex Supplies Distribution Program

One-time / Event Registration Form

This *Registration Form* must be completed and submitted by an individual designated by your agency or event to be the main contact for receiving safer sex supplies for distribution. **Please note that there is a separate and different form for regular/ongoing distribution of supplies by an agency.**

Applications will be considered based on availability of supplies and appropriateness of the event in reaching populations identified as being affected by higher rates of sexually-transmitted and blood-borne infections (STBBIs) and unintended pregnancies.

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 registration 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@serc.mb.ca**

- This email is not monitored daily.
- We would prefer to have the form emailed but you may also fax it to 204-982-7819.

Shipping Information

Name of Event: _____

Date(s) and Location of the Event: _____

Shipping Address (include floor or suite number): _____

Postal Code: _____ Contact Name: _____

Title and Agency: _____

Phone #: _____ Fax #: _____ Email: _____

Date: _____

Order Form

Please indicate the number of supplies desired. If you are unsure about how many supplies you wish to order, please contact us. You will be required to return any supplies not distributed.

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

Event Information

1) In each of the categories below, **please check ALL that apply**. Please describe the anticipated attendees of your event:

Communities Served:

- | | | |
|---|---|--|
| <input type="checkbox"/> Street-involved/homeless | <input type="checkbox"/> Youth (< 15 yrs old) | <input type="checkbox"/> Youth (15-24 yrs old) |
| <input type="checkbox"/> Injection drug users | <input type="checkbox"/> Sex workers | <input type="checkbox"/> Men who have sex with men |
| <input type="checkbox"/> 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:

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

2) Over the course of your event, approximately how many people are you expecting to attend:

Agreement

I/We agree to provide and store supplies in a location that is:

- visible and accessible
- consistent and compliant with the manufacturer's guidelines regarding temperature, moisture, direct sunlight, etc.

Tick box here that you agree

I/We agree to distribute these supplies free of charge?

Tick box here that you agree

I/We agree to track statistics and in general cooperate with the evaluation process for the Manitoba Safer Sex Supplies Distribution Program

Tick box here that you agree

If your event previously distributed safer sex supplies, please indicate how you obtained them:

- | | |
|---|--|
| <input type="checkbox"/> Never distributed supplies before | <input type="checkbox"/> Own budget / internal funds |
| <input type="checkbox"/> Other source; please indicate: _____ | |