



Expression of Interest

eC-Card Distribution Venue

I would like to express my interest in becoming a **Distribution Venue**

Applicant Details			
Name:			
Job Title:			
Telephone:		Email:	
Managing Organisation:			

Please enter details of all venues you wish to operate from below	
Venue name and full address	Opening days/Times

Terms and conditions	
I have completed safeguarding training/update within the last 12 months	<input type="checkbox"/> Yes <input type="checkbox"/> No
All staff to whom I delegate tasks associated with eC-Card have undertaken safeguarding training/update in the last 12 months	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have reviewed the marketing information	<input type="checkbox"/> Yes <input type="checkbox"/> No
My organisation and/or department have a up-to-date safeguarding policy with which I can access and am familiar with	<input type="checkbox"/> Yes <input type="checkbox"/> No
I can access safeguarding support within my organisation and/or department if needed	<input type="checkbox"/> Yes <input type="checkbox"/> No

Print Name:			
Signature:		Date:	



Please return completed form to:

provide.essexsexualhealthservice@nhs.net