|  |  |
| --- | --- |
| **Organisation**(if national chain, please indicate common name. E.g.: Pharmacist, high street) |  |
| **Address**(please include Postcode) |  |
| Contact Name |  |
| Contact Number |  |

**Stock required**

Condoms (latex and latex free)

* will be distributed in packs containing 6 condoms

Lube

* Please indicate if required. Volumes will be 1 for every dispensing bag received. (e.g.: 12 for every half box or 24 for every full box)

Please indicate the number of packs. Please note regular and extra are the most popular

|  |  |
| --- | --- |
|  | Number of Packs |
| Regular |  |
| Extra |  |
| King Size |  |
| Trim |  |

|  |  |
| --- | --- |
| **Latex Free**  |  |

|  |  |  |
| --- | --- | --- |
| **Lube required** | **Yes** | **No** |
| mark an ‘X’ in either Yes or No |  |  |

**Please email completed form to** **unitydistribution@UHBristol.nhs.uk**