



SEXUAL HEALTH AND WELLBEING

DROP-IN

For 13-19 yr olds in Hillingdon

Email us:

shwb@hillingdon.gov.uk

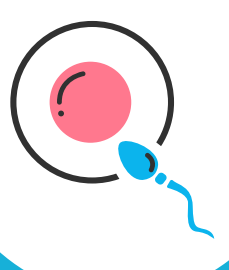
**HAVE QUESTIONS ABOUT SEX, RELATIONSHIPS OR YOUR BODY?
SPEAK CONFIDENTIALLY* TO A KISS ADVISOR FOR ADVICE ON:**

HEALTHY RELATIONSHIPS



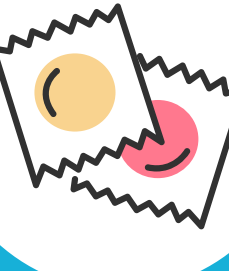
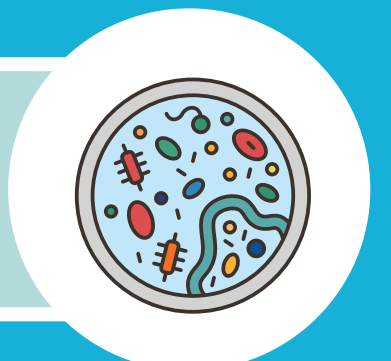
SEXUAL HEALTH AND WELLBEING

SEXUALITY AND IDENTITY



PREGNANCY TESTING

STI TESTING (Only at Wakely Centre)



FREE CONTRACEPTION



WHERE TO FIND US

The Wakley Centre
Grange Road
Hayes
UB3 2RR

**Starting
28th Nov
2022*

Monday 4-6pm

No appointment needed
Avoid using Google Maps,
opt instead for alternative

Uxbridge Family Hub
Hillingdon Civic Centre
Uxbridge
UB8 9ST

Thursday 3-6pm

No appointment needed

P3 Navigator Advice Centre
Albert Rd
West Drayton
UB7 8EX

Friday 3-5pm

No appointment needed

*Anything you tell us is confidential unless you tell us that you or someone else is at immediate risk of harm



First Tuesday of the month, 4.30pm
Central Uxbridge

Are you aged 13-19?

Do you have questions about your gender identity or sexuality?

Do you think you could you be part of the LGBTQ+ community?

Do you want to have a confidential* chat with a trusted person?

Sign up to to meet like-minded people your own age or speak to a KISS advisor.

If you need to speak to someone urgently call Samaritans on 116 123

*Anything you tell us is confidential unless you tell us that you or someone else is at immediate risk of harm



Scan the QR code to request a sign-up form or you can email **shwb@hillington.gov.uk** for more information.





LGBTQ+ group sign-up sheet

We are KISS, a sexual health and wellbeing service for young people aged 13-19 living in the London Borough of Hillingdon. Thank you for your interest in joining our social group for young LGBTQ+ people living in Hillingdon. Here, you can meet like-minded people your own age and be yourself in a safe and accepting place.

If you would like to join the group, please complete this sign-up sheet and email it to SHWB@hillingdon.gov.uk, and a member of the KISS team will be in touch to book you on to the next session.

About you	
Name:	
Age:	
Date of birth:	
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Pronouns:	She / her <input type="checkbox"/> He / him <input type="checkbox"/> They / them <input type="checkbox"/> Other <input type="checkbox"/>
Sexual identity:	Heterosexual <input type="checkbox"/> Homosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Trans <input type="checkbox"/> Other <input type="checkbox"/> Please state: Prefer not to say <input type="checkbox"/>

Contact information	
Telephone number:	
	What is the best time of day for us to contact you?
Email:	

Ethnicity (Please tick)			
White: British <input type="checkbox"/> Irish <input type="checkbox"/> Other (Please State) Not Stated <input type="checkbox"/>	Asian or Asian British Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Other (Please State) Not Stated <input type="checkbox"/>	Black or Black British Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other (Please State) Not Stated <input type="checkbox"/>	
Mixed White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other (Please State) Not Stated <input type="checkbox"/>	Other Please State Prefer not to say <input type="checkbox"/>		