

TAKE HOME NALOXONE: NEW SITE REGISTRATION FORM

SITE INFOR	MATION	(i.e. the lo	ocation of the	e site you are re	gistering)							
Site Name:												
Organization	Name:											
Address	Street #		Street Name:		Street Type:		Direction:		Unit:	Flo	oor:	
	City:							Postal Co	ode	,	1	
SITE COORI	DINATOR	(who the	BCCDC will o	ontact about or	ders or upo	lates)						
Fir		irst Name	t Name Last Name		Phone Number			Email (required)				
Coordinator	1											
Coordinator	2											
SITE DELIVE	RY ADDR	ESS (for o	rder deliveri	es)								
Is the address	the same a	s the site in	nformation?	If YES , skip to deliv	ery instructio	ns						
Site Name:												
Address	Street #		Street Name:		Street Type:		Direction:		Unit:	Flo	oor:	
	City:							Postal Code:			'	
Please note tha		all shipping	g addresses befo	re approving site reg	gistrations, if y	ou have any	questions aro	und shipping	and de	liveries plea	se em	ail
DELIVERY II	NSTRUCT	ONS										
Phone Number:		Special Delivery Instructions (ex. buzzer #, side entrance of building):										
Hours of Operation (For Delivery)		livery)	Monday:			Closed for Lunch:						
Note: Delivery Hours are Monday to Friday between 9am and 5pm. Please indicate availability between these		Tuesday:			Closed for Lunch:							
		m. Please Wednesday:			Closed for Lunch:							
inaicate availat hours.	mity betwee	ty between these		Closed for Lunch:								
			Friday:	Friday:			Closed for Lunch:					
Please E	-MAIL thi	s complet	ted form alor	ng with the New	Site Agree	ment to na	aloxone@b	ccdc.ca or	fax to	(604) 707	7-251	L6



TAKE HOME NALOXONE: NEW SITE ACREMENT

BCCDC HARM REDUCTION SERVICES		
ase complete the <i>required</i> chec	klist below:	
Reading		
☐ I have reviewed the Trai	ning Manual: Overdose Prevention, R	ecognition and Response
About THN Trainers: A Take He	ome Naloxone trainer can be anyone	who has reviewed and understands the
		preparation and giving of an intramuscular
(IM) injection. Take Home Nalo	oxone trainers, who intend to train ot	hers, should review the following
recommended resources:		
 Quick-Learn Les 		
 Naloxone Train 		
 Training Compe 	etencies Checklist	
Coordinator Roles & Responsi		
		ence. Coordinator 2 will only be contacted
when Coordinator 1 is unreach		
Coordinator 1 Responsibilities		
	f contact for BCCDC and will inform th	ne program about:
_	dinator information (immediately)	
	cal location or hours of operation	
	off have received the appropriate train	_
•	e may be contacted if there are quest	
		N program. Sites will be contacted on an
•	•	out over a two week period. Sites will receive
· · · · · · · · · · · · · · · · · · ·	h detailed instructions on how to repo	
· ·		nplete after they use a kit) this can be
	cone@bccdc.ca or faxed to 604-707-25	210
■ Setting up your Site	and New City Assessment forms by	- been examinated
_	on and New Site Agreement form have	
	need to submit a <u>THN Order Form</u> for	
participants/clients	mately one month before my site is re	eady to begin training
ional		
	for the public in the searchable <u>site fi</u>	<u>nder</u> at <u>www.towardtheheart.com</u>
•	one number will be public on the Tow	ard The Heart site finder
► If YES, which addr	ess should be mapped?	
•		
Street:	Postal Code:	Phone Number:

Coordinator name (Printed)	Coordinator Signature	Date

^{**}Please E-MAIL this completed form along with the New Site Agreement to naloxone@bccdc.ca or fax to (604) 707-2516**