**TRAINING OF TRAINERS AMONG PEOPLE WHO USE DRUGS ON PEER DISTRIBUTION OF NALOXONE AND GENERATING VIDEO TESTIMONIALS**

**2 - 5 September, 2014, Lithuania**

**APPLICATION FORM**

**The present application form is to be filled in by applicants from Denmark, United Kingdom, France, Italy, Estonia and Lithuania willing to attend the training of trainers among people who use drugs on peer distribution of naloxone and generating video testimonials, which will take place on September 2-5, 2014, in Lithuania. The application is to be submitted by July 31, 2014 to** [**erika@harm-red-uction.org**](mailto:erika@harm-red-uction.org)**.**

|  |  |  |
| --- | --- | --- |
| **ORGANISATION DETAILS** | | |
| 1. | Name of the organization |  |
| 2. | Physical address (Postal address) |  |
| 3. | Tel. |  |
| 4. | E-mail |  |
| 5. | Sector (NGO, Government institution etc.) |  |
| 6. | Please describe how your organization is related to overdose prevention. |  |
| 7. | Please indicate the services that your organization provides and which are related to overdose prevention. |  |
| **PERSONAL DETAILS** | | |
| 8. | Name |  |
| 9. | Surname |  |
| 10. | E-mail |  |
| 11. | Tel. |  |
| 12. | Cell. |  |
| 13. | Job position |  |
|  |  |  |
| 14. | Do you prefer a vegetarian diet? Any other special needs? |  |
| 15. | Do you need substitution therapy (methadone, buprenorphine)? |  |
| **ADDITIONAL QUESTIONS** | | |
| 16. | How your job is directly related to overdose prevention? |  |
| 17. | Do you have any experience in video advocacy? |  |
| 18. | How will you cascade the information and skills acquired at the training? |  |
| 19. | How will you use the produced videos to influence the key stakeholders at the national or local level? |  |
| 20. | Please share with us your expectations of the training. |  |

Thank you for your application!

Please send your application by July 31, 2014, to [**erika@harm-reduction.org**](mailto:erika@harm-reduction.org)