

Challenging Structural Substance Use Stigma Workshop

Registration Form



CANADIAN
PUBLIC HEALTH
ASSOCIATION

ASSOCIATION
CANADIENNE DE
SANTÉ PUBLIQUE



1. What is your name (first and last)? _____

We'll use this to communicate with you.

2. What is your email address? _____

We'll use your email to confirm your registration and provide you with information about the workshop.

3. What is your primary job title? _____

This helps us understand at a high-level the job functions of those who are joining us.

4. In what ways do you work to support people who use or have used drugs?

Please choose all that apply.

Provide healthcare services

Provide social services

Advocate for people with lived and living experience

Develop and/or administer programs (e.g., harm reduction supports, etc.)

Develop and/or oversee policy

Other

5. How many years of experience do you have working in support of people who use drugs:

Please share the approximate number of years' experience you have.

0 - 1 year

2 - 4 years

5 - 8 years

9 - 12 years

More than 12 years

I don't know

6. Do you have any allergies, dietary restrictions or accessibility needs you would like to share? _____

7. Do you have any questions about the workshop?

Write them here, and we'll do our best to get back to you via email.

8. How did you hear about this workshop?

This information will be used to understand where people are joining from and who referred them.

From an organization (please specify) _____

Forwarded by a colleague _____

Other (please specify) _____