***Addressing Substance Use* Best Practice Champion Workshop Host Site Application**

All organizations interested in this opportunity must submit an application, to be **received by RNAO by 4:00 p.m. EST on February 19th, 2016.** Applications should be sent via email to Kyle Dieleman, Project Coordinator, International Affairs and Best Practice Guideline Centre at [kdieleman@rnao.ca](mailto:kdieleman@rnao.ca).

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| **Which Workshop Are you applying for?** |
| What type of educational session(s) is the organization interested in hosting? If applying for both, please rank your preference. If accepted as a host site, only one workshop will selected.   * Level 1- *Addressing Substance Use* Best Practice Champions Foundational Workshop * Level 2- *Addressing Substance Use* Best Practice Champions Advanced Workshop   Notes:   1. If applying for an Advanced Workshop (Level 2), please indicate the location and date of the previous “*Addictions and Mental Health Champion Workshop*”, and/or “*Addressing Substance Use Foundational (Level 1)* *Workshop*”.   Level 1 Workshop Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Level 1 Workshop: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. If your setting is partnering with an organization who has hosted a Foundational (Level 1) workshop in the past, please indicate the name of the organization and the type of workshop and date of the workshop they have hosted previously below.   Level 1 Partner organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Level 1 Workshop Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Level 1 Workshop: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Note: if you are also applying to be a host site for The Best Practice Champions Workshop, a separate Form needs to be completed and can be found here** |

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| **Organizational Support** | | |
| **1.** | Organizational Contact | Name of Organization:  Name:  Title:  Mailing address:  Phone Number:  Email Address:  Local Health Integration Network: |
| **2.** | Please provide a brief description of your organization, including:   * Type of organization (e.g. Primary Care, Public Health Unit, Home Care, etc) * Organization size (e.g. number of beds, staff, clients registered, etc) * Persons/student population served and catchment area * Programs provided related to Addictions and Mental Health * Organizational Structure (i.e. single-site, multi-site, etc)   Insert Response Here (add additional rows as required): | |
| **3.** | Please indicate the anticipated number of attendees for this workshop from your organization: \_\_\_\_\_\_\_\_\_ | |
| **4.** | Please provide information that demonstrates and supports the organization’s interest and involvement in evidence-based clinical practice through the implementation of RNAO Best Practice Guidelines. For example, organizations may describe any past, current or planned experiences with the implementation of RNAO best practice guidelines, or involvement in initiatives related to best practices, including strategies for engaging and integrating Champions.  Insert Response Here (add additional rows, as required): | |
| **5.** | Please provide a letter of support from a Chief Nursing Executive/Officer or equivalent, confirming organizational support for this application. The letter should indicate support for involvement in this initiative, including support to enable a sizable cohort of nurses and/or health-care professionals from your organization to attend the workshop. The letter should also include past work in implementing best practices and demonstrate how the organizations will support champions after the workshop in implementing Best Practices. Please attach this letter as an appendix. | |

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| **Strategies for Collaboration and Dissemination** | |
| **6.** | All Host Sites must play a key role in promoting the workshop opportunity. What strategies and approaches will the organization employ to market and promote the workshop, both within the organization and to the local community? What networks will be utilized for workshop promotion – how will you make your staff (internal) and other individuals and organizations in your area (external) aware of this opportunity? Please provide a detailed response. Examples of strategies may include descriptions of partnership agreements, and representation at regional or sector-specific committees and/or initiatives.  Insert Response using the space below (300 word limit): |

| **Logistical Information** | | |
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| **7.** | Who is responsible for supporting on-site logistics? | Name:  Title:  Mailing address:  Phone Number:  Email Address: |
| **8.** | In what period would your organization prefer to host the session(s)? If your organization is available during multiple periods, please indicate your first and second choice.   * May 2016 * June 2016 * July 2016 * August 2016 * September 2016 * October 2016 * November 2016 * December 2016 * January 2017   Comments or Requests:  ­­­­­­­­­­­­­­­­­­ | |
| **9.** | Please provide a brief description of the proposed space to be used for the workshop, including the location. If available, please include the following:  1) room set up/capacity charts  2) pricing information  3) other venue details as appendices  Additionally, please respond to the following:   * What is the maximum room capacity when configured in a format conducive to small group work tables of 4-6 people? (RNAO requires a room capacity for a minimum of 60 participants plus tables for registration and resources) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Are the building, workshop space and washrooms accessible for individuals who use mobility devices? Yes No Unsure   Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * What technology and resources are available on-site to support the workshop?   Microphone (wired/wireless) Computer Flip Chart(s)  Speakers/Sound Equipment Projector  Internet Connection Projector Screen  Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Is the space that would be used for the workshop accessible in the event of an outbreak within the organization? Yes No | |
| **10** | Please describe the capacity for catering at the workshop venue (i.e. catering can be made available within the room or in another nearby room; are there any challenges, restrictions or policies we should note, etc):  Insert response using the space below(300 word limit):   * Does the venue/workshop space offer on-site catering? Yes No Unsure * Is the use of on-site food services a requirement for using the space?   Yes No Unsure   * Do you have any relationships with external catering companies that you would recommend for this event? Yes No Unsure | |

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| **Required Appendices** |
| Please place a checkmark in the appropriate box to indicate that you have included the following appendices:  **Mandatory:** Letter of Support from Chief Nursing Executive/Officer or equivalent, confirming organizational support for this application. Letter should indicate: a) support for involvement in this initiative, including support to enable a sizable cohort of nurses and other staff from your organization to attend the workshop; b) the organization’s past work in supporting Best Practices and c) the organization’s plans to support champions after the workshop.  **Mandatory**: Projected Budget, using RNAO Budget Template  **Optional:** Room-set up and/or capacity charts  Other (please list and describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Disclaimer and Signature** |
| Please initial to indicate your agreement with the following:  \_\_\_\_\_ I understand that submission of this Application does not guarantee that my Organization will be selected as a Host Site.  \_\_\_\_\_ I understand that all Workshop facilitation and materials will be provided by RNAO, and that workshop content may not be altered or customized.  \_\_\_\_\_ I understand that, if selected, no more than 33% of workshop spots may be reserved in advance for staff from the Host Site.  Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and Title (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**For more information, clarification or assistance, please visit contact Kyle Dieleman, Project Coordinator, International Affairs and Best Practice Guidelines Centre:**

[**kdieleman@rnao.ca**](mailto:kdieleman@rnao.ca) **/ 416-408-5641/ 1-800-268-7199 x 255**

**This program is funded by the Government of Ontario’s Ministry of Health and Long Term Care.**

***Addressing Substance Use* Best Practice Champion Workshop Host Site Application: Projected Budget Template**

A completed budget outlining all direct financial costs associated with hosting an ***Addressing Substance Use*** Best Practice Champions® Workshop(s) at your site must be included with all applications. Please provide as much detail as possible.

Instructions to Applicants:

* Provide a budget for 60 participants clearly identifying the per person costs for food and beverages.
* All costs should be listed as a dollar figure.
* Do not include taxes or government-associated fees and charges.
* Any in-kind support must be clearly identified as such. For example, under “Promotional and Marketing Costs”, you may list “in-kind” as the Estimated Cost, with the comment “Flyers to be circulated electronically and/or printed by Host Site”.
* All costs related to administrative and/or logistical support provided by Host Site staff must be provided in-kind. RNAO is not able to cover the costs associated with Host Site staff salary.

| **Budget Items and Notes** | **Estimated pre-tax cost(for 60 participants)** | **Comments/Explanation** |
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| Venue and Room Costs  All workshop spaces must support a small-group activity configuration, and accommodate 60 participants |  |  |
| Food and Beverage Costs in a per person format for 60 participants (please refer to Healthy Eating Guide at the end of this application for menu suggestions) \*Healthy menu options are requested\*  Food and Beverage costs should include:   * Morning refreshments (eg coffee, tea, juice, water) * AM snack break * Light lunch * PM snack break * Any delivery fees, dishes and cutlery supplies/rentals. |  |  |

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| Audio Visual and Technology Costs  The following must be available and included for all sessions:   * microphone and related speakers/amplification equipment, * projector screen, * technical assistance, labour or set-up charges.   If any equipment needs to be rented, these expenses should be itemized here. RNAO will provide a projector, if required. |  |  |
| Promotion and Marketing Costs |  |  |
| Miscellaneous (please specify) |  |  |
| **Total Budget Request from RNAO** |  |  |

I declare that the above represents a reasonable estimate of all appropriate costs.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title (please print):

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**RNAO Best Practice Champions Workshop Healthy Eating Guide**

RNAO is committed to the promotion of healthy eating and good nutrition during all workshops. To support Best Practice Champion Host Sites in providing healthy and nutritious food, please review the following list of suggestions to consider when planning your menu for Champions workshops. Please note that water should be made available throughout the day and please limit use of bottled water, when possible.

**Morning Refreshments**

* Coffee
* Tea
* 100% pure fruit juices

**Morning Snack Break**

* Variety of fruit and vegetables with lower fat dips (e.g. hummus, yogurt)
* Coffee/tea
* 100% pure fruit juices
* Low-fat dairy products (yogurt, cheese etc)
* Whole grain breads/crackers
* Low-fat cereal/granola bars

**Lunch (must include vegetarian options)**

* If serving sandwiches, please consider serving on a variety of whole grain breads, pita, tortillas with lower-fat sandwich fillings such as tuna, grilled vegetables, egg salad, lean meat and lower-fat cheese.
* If serving a hot lunch, please choose meat, lentils, beans or poultry and vegetable side dishes that are grilled, broiled, roasted, or steamed instead of fried. Tomato-based sauces versus cream-based ones are preferred.
* Include salads with lower-fat dressings with dressing on the side
* Dessert options including fruit

**Afternoon Snack Break**

* Variety of fruits or vegetables with lower fat dips
* Coffee/tea
* Lower- fat dairy products (yogurt, cheese etc)
* Lower-fat cereal/granola bars
* Whole grain cookies

\*Please use recyclable products if available when dishwashing facilities are not available