

Youth Harm Reduction Award Application

For projects completed in 2024

Awarded in June 2025

What are the application criteria?

- Nomination or self-application
- Youth must be under age 19 and live in any community in the Island Health region
- Applications accepted from mid-December 2024 to March 31, 2025
- Project completed during 2024

What types of projects are applicable?

- Any independently conceptualized, developed, and implemented project related to substance use and public health (e.g.: drug poisoning risk and safety)
- Any form of project that advances public health harm reduction related to the toxic drug crisis in a region, community, or local environment
- Project impact at the individual, community, or population level

How will projects be reviewed?

- Impact and meaning of the work, rather than the scale of the project
- Meaningful engagement with harm reduction
- Demonstrated importance of work to the local community
- Clear identification of the harm/risk of harm
- Clear identification of the actions taken within the project to reduce harm
- Clear engagement with, or involvement of, the project's target population
- Success of the project: demonstrated impact
- Major learnings related to the project
- Validated by referee
- Priority consideration will be given to work in Indigenous communities and/or to Indigenous-identifying applicants

Please complete Part 1 section a) or b); Parts 2 & 3; Part 4 section a) or b); and Part 5.

Email completed application to: harmreduction@islandhealth.ca

Applications will be reviewed from April 01 to 30, 2025.

Award recipient(s) will be notified in May 2025.

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Part 1: Applicant/Nominee Information

Complete section a) or b)

a) Self-application (you are completing the application for your own project). If there are multiple applicants associated with your project, enter all names and dates of birth together (example: “John Doe & Jane Smith”).

Name(s) (First Name & Last Name):

Date(s) of birth (DD/MM/YY):

Island Health region:

b) Nomination (you are completing the application for someone else’s project). If there are multiple nominees associated with the project, enter all names and dates of birth together (example: “John Doe & Jane Smith”).

Nominator (your) name (First Name & Last Name):

Nominator (your) relationship to nominee(s):

Nominator (your) phone number and email:

Nominee(s) name(s) (First Name & Last Name):

Nominee(s) date(s) of birth (DD/MM/YY):

Nominee(s) Island Health region:

Part 2: Project Information

a) Describe how this project is connected to substance use and/or drug poisoning risk and safety. How did the idea of the project come about, and why did you/the nominee choose to focus on this? Enter response here:

b) What was/were the project goal(s) and/or intended impact? In other words, what was the purpose of the project, and how did you/the nominee hope the project would change people or systems? Enter response here:

c) What was the project’s actual impact? In other words, how did the project meet its goals and actually change people, systems, or yourself/the nominee? What were the unintended impacts or consequences (if any)? Enter response here:

d) Provide a description of the project (written, audio, or video). What were the major learnings that resulted from the project. If written, <500 words. If audio or video, <3-4 minutes. If an audio or video file, please note this below and attach the file to the email application or provide the link. Enter response here:

Part 3: Project Reference

a) Provide a project reference from a non-family adult (e.g.: teacher, employer, coach, mentor) that speaks to work on this project and the project’s meaning and/or impact within the community. This may be an attached letter, audio or video file. For a letter, <500 words. For an audio or video file, <2-3 minutes. If an audio or video file, please note this below and attach the file to the email application or provide the link. Please ensure the referee is aware they may be contacted in relation to this application.

Referee name (*First Name & Last Name*):

Referee’s relationship to the project and/or nominee/applicant:

Referee’s phone:

Referee’s email:

Reference format (attached letter or audio/video file, or provide link):

Part 4: Privacy & Consent

Complete section a) or b)

a) As a nominator, I acknowledge that the nominee(s) named in this application is/are aware of this nomination and application. Should the nominee(s) named in this application be offered the award, they will complete a consent form at that time relating to photography and the release of their personal information (in relation to the award only; e.g., name, age, interview comments) in social media and other platforms related to this award. No personal information will be release unless offered the award.

b) As an applicant, I/we acknowledge that no personal information will be released on social media or other platforms unless offered the award. If offered the award, I will complete a consent form at that time, relating to photography and the release of my personal information (in relation to the award only; e.g., name, age, interview comments) on social media or other platforms as related to this award.

Part 5: Award Receipt for Projects with more than one nominee/applicant

As a nominator or applicant, I/we acknowledge that if a project with more than one nominee/applicant is offered the award, distribution of award funds is solely the responsibility of the project nominees/applicants. The nominees/applicants must identify one project nominee/applicant to be named on the award cheque.

The applicant/nominee whose name will be on the award cheque if offered the award is: