**HIV and Hepatitis C Community Action Fund and Harm Reduction Fund** Letter of Intent Review Committee

**APPLICATION FORM**

**Why is this information being collected and how will it be used?**

The HIV and Hepatitis C Community Action Fund (CAF) and Harm Reduction Fund (HRF) support targeted, evidence-based interventions focused on key populations[[1]](#footnote-2) disproportionately affected by HIV, hepatitis C, and/or other sexually transmitted and blood borne infections (STBBI).

The following personal information is being collected under the authority of section 4 of the Department of Health Act. This information will be critical in assembling diverse external review committees, which will include people with lived and living experience and individuals from affected populations.

Except where required by law, the personal information will only be used to determine the suitability/eligibility of the applicant to serve on the aforementioned committee (the purpose of collection). The personal information may also be disclosed, where required, in accordance with section 8 of the Privacy Act. More information regarding the collection of information for this purpose can be found in Treasury Board Secretariat Standard Personal Information Bank number PSU 919. Information in this completed application will be protected in accordance with the Privacy Act.

**Please provide the following information to help us assemble external review committees that include representatives from the Community Action Fund and Harm Reduction Fund key populations1, representatives from STBBI community-based organizations and researchers in this area:**

**In which province or territory do you reside?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**­­­­­­­­­­­­­­­­­­­­­What is your age?**

[ ]  18-24 [ ]  25-34 [ ]  35-44 [ ] 45-54 [ ] 55-64 [ ] 65-74 [ ]  75 +

**What gender do you identify as?**

[ ]  Man

[ ]  Woman

[ ]  Transgender

[ ]  Non-binary

[ ]  Agender

[ ]  Please specify, if the above options do not capture your gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you identify as one or more of the following (check all that apply):**

[ ]  Gay

[ ]  Bisexual

[ ]  Queer

[ ]  Two-Spirit

[ ]  Heterosexual

[ ]  Please specify, if the above options do not capture (or fully capture) your identity

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you identify as one of the following:**

[ ]  First Nation(s) (Status and Non-Status)

[ ]  Inuk (Inuit)

[ ]  Métis

If you identify with one of the above, please briefly describe your ties to the community (i.e. status as an elder and formal or informal positions of leadership in the community).

|  |
| --- |
|  |

**Do you Identify as a member of one of the following racialized communities (please specify)?**

[ ]  African, Caribbean and/or Black

[ ]  South East Asian

[ ]  East Asian

[ ]  Middle-Eastern

[ ]  Latin American

[ ]  Other (please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Do you identify as a:**

[ ]  Person with experience as a newcomer to Canada (e.g., immigration, migrant worker, etc.)

[ ]  Person with lived or living experience of substance use

[ ]  Person currently or previously engaged in sex work

[ ]  Person with experience of incarceration

**Do you have lived or living experience with one or more of the following:**

[ ]  HIV

[ ]  Hepatitis C

[ ]  Another sexually transmitted or blood-borne Infection

**In which of the following languages are you comfortable communicating and working:**

[ ]  English

[ ]  French

[ ]  Both

**Are you applying to be a reviewer for:**

[ ]  Community Action Fund (CAF)

[ ]  Harm Reduction Fund (HRF)

[ ]  Both

**In what environment are you most familiar with providing or accessing community-based STBBI or harm reduction services (Select all that apply)**

[ ]  Urban Centres

[ ]  Rural or Remote Communities

[ ]  Both

**Are you someone with experience** (check all that apply)**:**

[ ]  Providing community-based HIV, hepatitis C and other STBBI services?

[ ]  Accessing community-based HIV, hepatitis C and other STBBI services?

[ ]  Conducting research in the area of community-based HIV, hepatitis C and other STBBI

 services?

[ ]  Providing front-line harm reduction services?

[ ]  Accessing front-line harm reduction services?

[ ]  Conducting research in the area of front-line harm reduction services?

[ ]  With Indigenous ways of knowing?

[ ]  Leading knowledge mobilization or knowledge broker activities?

**Please briefly describe your experience, as indicated above, and indicate why you are interested in being a reviewer of Letters of Intent for the CAF and/or the HRF. Please discuss your ties to the community or key populations identified:**

|  |
| --- |
|  |

If selected as a reviewer, you will be asked to complete a Conflict of Interest Form. Conflict of interestis defined as any situation that might create doubt, whether actual or perceived, as to the objectivity of the reviewer, as a result of personal or organizational influence.

*Should you have a conflict of interest or be identified as being in a potential conflict of interest, you can still participate as a reviewer; you will be asked to recuse yourself from discussions about proposals submitted by organizations you have a real or perceived conflict of interest with.*

**Please complete the following:**

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City and Province/Territory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal code: \_\_\_\_\_\_\_\_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am able to participate in this review process** [ ] Yes [ ] No

**I have access to a computer to meet virtually** [ ] Yes [ ] No

**If no, I have access to a telephone:** [ ] Yes [ ] No

**I have access to a computer to review letters of intent sent to me electronically** [ ] Yes [ ] No

**Should I not be selected this time, I would be interested in participating in future review processes**     [ ] Yes    [ ] No

*Once the form is completed, please return it by email to the following address* ***on or before October 26, 2020*** *to:*

*phac.cp-pc.aspc@canada.ca*

1. CAF and HRF key populations include: gay men and other men who have sex with men; people who use drugs; Indigenous People; ethno-cultural communities, particularly those representing countries with high HIV or hepatitis C prevalence, including immigrants, migrants and refugees; people engaged in the sale, trade or purchase of sex; people living in or recently released from correctional facilities; transgender people; people living with, or affected by, HIV and/or hepatitis C, and women and youth among these populations, as appropriate. [↑](#footnote-ref-2)