

OVERDOSE AWARENESS TRAINING - MONITORING FORM

Please complete the monitoring form each time you deliver an Overdose Awareness Session and return to:
April Anderson, Harm Reduction Service, 4 South Ward Road, Dundee DD1 1PN
email: april.anderson@nhs.scot

Date Session Delivered		Venue: (please include area, Angus, Dundee or P&K)	
Trainer(s):		Total Number of Participants:	
Was Naloxone Training delivered?		Yes/No (please delete)	
Please state if the session was delivered as part of group session or on a 1:1 basis:			

Please state number of participants who are Service User (SU)		Please state number of participants who are Carers	
Please state number of participants who are Community Members		Please state number of participants who are Staff Members (SM) and which organisation they work for.	

Additional Information: Please use the space below to provide any additional comments / feedback from the session that you think would be useful for us to know.