

Newfoundland and Labrador Injury Prevention Coalition

Resource Submission Form

Newfoundland and Labrador Injury Prevention Coalition is always looking to link to appropriate resources from credible organizations. There is selection criteria in place to make sure the organizations NLIPC link to and the resources provided are credible and reliable. If you think your organization meets NLIPC standards, we invite you to fill out the resource submission form.

Please review our resource selection criteria before you submit your organization's resources for consideration.

About Your Organization

** = required fields*

Organization Name*

Parent organization(s) (optional)

Acronym(s) (optional)

Mission Statement* (500 character limit)

Street Address*

Mailing Address

City

Province

Postal Code

Email address*

URL*

The web address appears in the address bar at the top of your web browser and begins with http://

Main phone number*

Fax *

Languages you can respond to phone calls or emails in:

English

French

Other (please specify)_____

Your organization's publications

Provide the name of the resource you are suggesting for linkage. If you are submitting more than one resource, use a separate form for each submission.

Name of resource	Date of publication

Provide a brief overview of the content of the resource.

Indicate the category of the resource(s) you are suggesting.

- Brochure
- Poster
- e-Guide
- Book, Manual, report
- Information sheet
- Audio (Public service announcement)
- Visual (Public service announcement)
- CD
- DVD
- PDF file for electronic download
- Game (state age range)
- Activity book/sheet (state age range)
- Other (please provide details) _____

Do you offer any of the suggested resources in hard copy form to the general public?

Yes No

If you answered yes to the last question, please complete the following questions. If you answered no to the question, skip to the Your Contact information section.

Hard copy resource requests are accepted via:

Email address

Fax

May we provide this email address to the public?

May we provide this fax number to the public?

Yes No

Yes No

Does your publication department have different contact information from that listed in the Your Organization's contact information section (above)?

Yes No

If you answered yes to the last question, please complete the following questions. If you answered no, skip to the *Your Contact Information* section.

Publication Department information

Street Address

Mailing address (leave blank if same as street address)

City

Province

Postal Code

Your Contact Information

If we have any questions about your application, we'll contact you using this information. This information will not be publicly displayed.

First name* _____ Last name* _____

Email address* _____ Phone number & extension* _____

I have read and understood the resource selection criteria and I believe my organization qualifies for inclusion on the Newfoundland and Labrador Injury Prevention Coalition website.

Please note:

Unless otherwise noted, all information provided in this form may be displayed publically. You will be contacted when we reach a decision regarding your organization's inclusion on the NLIPC website. As a volunteer organization, the demands on NLIPC members' time is varied, please allow four to six weeks for a response regarding your resource submission.