



Humanitarian Medical Kit Application

Health Partners International of Canada

HPIC is a relief and development organization that delivers health and hope to the world's most vulnerable people. We are dedicated to increasing access to medicine and improving health in the developing world without discrimination through the provision of essential medicine and medical supplies, pharmaceutical management and logistics and capacity-building projects.

Humanitarian Medical Kits equip Canadian volunteers, medical professionals and humanitarian organizations with the medicines and medical supplies they need for health projects and mission trips.

HPIC offers 4 kinds of kits:

PRIMARY CARE:

Our Primary Care Kits (HMK-Ps) equip volunteers to create a functioning clinic anywhere in order to deliver vital care, medicine and supplies. These kits include medicine from the following categories:

- | | | | | | |
|------------------|----------------|------------------|-------------------|-----------------------|-------------|
| Analgesics | Antihistamines | Antibiotics | Antihypertensives | Antiemetic
s | Antifungals |
| | | | | Antiulcer
medicine | Eye/ear |
| | | | | drops | |
| Medical supplies | Ointments | Oral rehydration | | Topical creams | |

DENTAL:

Our Dental Kits (DTPs) support dentists to help patients through pain management, tooth extractions and temporary restorative fillings.

SPECIAL PRODUCT REQUEST:

Our Special Product Request Kits (SPRs) are tailored for specialists and surgeons to provide medical and surgical care. Specific medication and equipment requests are taken directly to pharmaceutical donors.

NUMBER OF HMK(s) REQUESTED:

Please request the number of kits you would like from the following drop down boxes:

Primary Care:

0

HOW DID YOU HEAR ABOUT HPIC?

Dental: 0

Choose an option:

Special Product Request: 0

If you are applying for a Special Product Request (SPR), please fill out the attached SPR Needs Request Template, making sure include specific medications, quantities and units of measure.

I would like to be offered short-dated products between 4-7 months before expiry, for a contribution of \$50 per box.

CONTACT INFORMATION

APPLICANT

Title:

Mr. Ms. MD DDS RN

Name: Street address:
Suite:
City: Province: Postal Code:
Home telephone: Business telephone: Cell: Email:

CARRIER *(this is the person carrying the medicines to the destination)*

Same as Applicant

Title:

Mr. Ms. MD DDS RN

Name: Street address:
Suite:
City: Province: Postal Code:
Home Telephone: Business Telephone: Cell: Email:

SHIP TO ADDRESS *(cannot be delivered to a post office box)*

Same as Applicant Same as Carrier Other Pick up from Oakville Distribution Centre
Address (fill in below section)

Please specify:

Business Address (preferred)

Suite:

Rd Ac

City: Province: Postal Code:
Home Telephone: Business Telephone: Cell: Email:

TRAVEL INFORMATION

Expected Departure Date (mm/dd/yy):
Return (mm/dd/yy):

Date of Arrival in Project Area (mm/dd/yy):

Expected Date of

Destination Country:

City/Town/Village:

If you are travelling with a group, please provide a general description of its members (i.e. affiliations, types of healthcare professionals, etc.)

What is the total number of **physicians** travelling in your group?

What is the total number of other **healthcare professionals** travelling in your group?

CUSTOMS INFORMATION

Are you aware of customs procedures in the destination

country? YES NO

HPIC includes Packing Lists as well as a Certificate of Donation stating that all medicines are a free gift from Canada to your destination country. Do you require any other documents from HPIC for customs? If so, when? Also, please specify if your country of destination has specific minimum expiry dating requirements.

Are you travelling through another country to reach your destination?

I agree to take responsibility to fully investigate customs procedures and adhere to policies of the destination country to assure safe passage. And, I am aware that HPIC is not responsible for customs clearance, foreign customs charges or taxes.

YES NO

ORGANIZATION / NGO AFFILIATION

Are you travelling in association with a

Canadian organization/NGO? YES

NO

Name of organization/NGO:

Name & title of contact person:

City:

Prov:

Email:

Telephone number:

Website:

Is the organization/NGO a charity?

YES NO

If registered, what is the CRA # ?



PROJECT INFORMATION

HPIC is diligent in following where our medicines/supplies are distributed and how these medicines are being used. We require details about your upcoming project to verify your trip, enable us to serve you better and share your work with our partnering pharmaceutical donors. We require a project report and photos upon completion of your mission. Short videos focused on the health aspect of your project are also appreciated.

Describe the objective of your project and how the medicines will be used. Use as much space as needed. (If a project profile is available, please include.)

Who are the intended beneficiaries of the medical aid, and how will they be selected? Please provide demographic details (i.e. age, gender, socioeconomic background etc.)

If you will be working with another organization in the destination country to deliver and dispense these medicines, please share the name of the organization and their contact details:

Name of hospital/clinic in destination country:

ic

Will a qualified healthcare professional be overseeing the distribution of medicine?

 YES NO

Please provide their name:

COMMUNICATIONS

Will this project be documented by blog/video/photographs?

 YES NO

If yes, where can HPIC find this content? If available, please include social media accounts and blogs.

ENDORSEMENT OF CARRIER (by physician, dentist, pharmacist or nurse practitioner)

The medications provided by HPIC include products requiring a prescription, therefore all carriers must be endorsed by a physician, dentist, pharmacist or nurse practitioner currently licensed in Canada, except in the case of over the counter short-dated products.

****Note: a copy of current year's provincial license must be submitted to HPIC.**

Endorser's name:

Specialty:

City:

Province:

Postal Code:

License Number:

Business Telephone:

Cell:

Email:

by checking this box I vouch for the carrier and confirm that he/she will ensure the safe delivery of the requested medications in accordance with the terms and conditions outlined in this application.

Endorser's Electronic Signature (please type full name):

ABOUT THE CONTRIBUTION REQUEST

To recover a portion of the administrative and handling costs of your Humanitarian Medical Kit(s), HPIC requests a minimum contribution based on the number of kits or number of line items if you are taking a Special Product Request kit. HPIC raises funds throughout the year to co-fund your kit(s).

Upon approval of your application, you will be sent a contribution request with details on how to make your payment.

Please note contributions are non-refundable. Individual contributors will receive an income tax receipt.

If you have questions about the contribution procedure, please contact HPIC at 1-800-627-1787, ext. 101 or at info@hpicanada.ca.

If you need help raising the funds for your kit, ask HPIC about a simple to use fundraising platform.

CONTRIBUTOR

Please provide the name of the contributor (individual or organization):

TERMS AND CONDITIONS

- Medicines and medical supplies must be used outside Canada and only in developing countries for humanitarian purposes;
- Donated medicines and medical supplies cannot be used in or marketed in or returned to Canada, or sold or exchanged for property or services;
- Donated medicines and medical supplies must respond to the specific health needs of the country of final destination and be dispensed as agreed upon with HPIC to an identified group of beneficiaries and within a specified project;
- Only licensed healthcare practitioners may dispense the medicines. Recipient hospitals and/or clinics and physicians must be aware of any imminent donation. In case of recall, recipients must adhere to HPIC's recall policies and procedures;
- Medicine and medical supplies must be dispensed by trained healthcare practitioners who are able to read Canadian (English / French) packaging and instructions;
- Donated medicines and medical supplies will be distributed free of charge and without discrimination as to race, religion, age, or gender;
- HPIC must be promptly advised of any change of destination and/or distribution plan. Any change in the date of departure should be promptly communicated with HPIC for further instruction;
- HPIC will be notified immediately of any loss, diversion or misuse of the donated medicines;
- HPIC will be notified immediately of any adverse reaction from use of medicine(s);
- The destination country's procedure to clear the donated medicines through customs will be respected. HPIC is not responsible for foreign customs charges or taxes;
- Medicines and medical supplies will not be used to support terrorist activities or organizations linked to terrorism;
- In accordance with the World Health Organization Guidelines for Medicine Donations, all donated medicines must be distributed and used before their expiry date, and any expired medicines must be destroyed in an environmentally safe manner;
- All medicines and medical supplies must be used in adherence to HPIC's Gender Equity Policy and HPIC's Environmental Policy (please inquire with HPIC for copies of these policies);
- The Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief and The Inter-Agency Standing Committee Plan of Action on Protection Against Sexual Exploitation must be adhered to in the delivery of humanitarian aid in emergency situations.
- Approval by HPIC for your humanitarian project implies that you and HPIC are partners in this endeavour. HPIC's role is to solicit, source and prepare the medicines for shipping. Your role will be to ensure the administration and distribution of the donated medicines, and to report how they were used for humanitarian purposes outside of Canada.
- HPIC requests a donation to continue its mission of providing medicines to our partners

involved in humanitarian projects. HPIC receives Canadian sourced donated medicines and medical supplies with the intent of increasing access to medicine within the developing world. The tax deductible donations we receive are used to support HPIC's mandate.

SIGNATURES

APPLICANT

I agree to the following (please check):

- the terms and conditions outlined in this application,
- the payment of the contribution,
- the CONFIRMATION OF SAFE ARRIVAL form included with shipping documents will be completed immediately upon arrival of medicines at the final destination and returned to HPIC, and
- the PROJECT REPORT form included with the shipping documents must be completed and returned, along with photos, within one (1) month after the arrival of the shipment in the country of destination.
- By checking this box I confirm all the information in this application is accurate and true.

Applicant's electronic signature (please type full name)

Date:

CARRIER

I agree to the following (please check):

- the terms and conditions outlined in this application,
- the CONFIRMATION OF SAFE ARRIVAL form included with shipping documents will be completed immediately upon arrival of medicines at the final destination and returned to HPIC, and
- the PROJECT REPORT form included with the shipping documents must be completed and returned, along with photos, within one (1) month after the arrival of the shipment in the country of destination.
- By checking this box I confirm all the information in this application is accurate and true.

Carrier's electronic signature (please type full name):

Date:

When complete, save
this form and send to:
kits@hpicanada.ca