



MINISTRY OF EDUCATION  
Substance Abuse Advisory Council



**APPLICATION FORM FOR DRUG AWARENESS PRESENTATION**

The CEO SAAC  
Nasinu  
P O Box 2565  
Government Building  
Suva

Fax: 3397520 Phone: 3394144

Dear Sir,

**Re: Request for Drug Awareness Presentation**

I ..... the .....  
(include name) (position)

of ..... wish to request your officers to

conduct a Drug Awareness presentation to ..... of  
(indicate whether student, youth, parents)

..... at .....  
(indicate time, date & venue)

..... I expect to have .....  
(indicate expected number of people to attend)

Yours faithfully

.....

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Application needs to be lodged at least 2 weeks before the date of presentation