



## National Council on Drug Abuse Prevention Request Form

Please complete this request form to provide a clear description of the services needed.

Once completed, kindly submit via email to [sknnacdap@gmail.com](mailto:sknnacdap@gmail.com)

Name of Institution: \_\_\_\_\_

Name of Co-ordinator: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Submission: \_\_\_\_\_ Duration: Single  Weekly  Monthly  Quarterly

Services needed (please tick):

Drug Misuse Abuse:

Prevention (*group not yet using substances*)

Intervention (*group may have been exposed to substance*)

Treatment (*group/individual already using substances*)

Educational Presentation

-or-

Assistance with the Development of a program

Other: \_\_\_\_\_

Please list the problematic areas of concern

1.

2.

3.

Proposed date(s): \_\_\_\_\_

Alternate date(s): \_\_\_\_\_

**Office Use Only**

Point Person: \_\_\_\_\_ Approved/Denied: \_\_\_\_\_

Tasks to be completed by Point Person: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Approved/Denied: \_\_\_\_\_

Commencement Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Point person's Signature: \_\_\_\_\_ Director's Signature: \_\_\_\_\_