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**From:** *(Who prepared the minutes)* **Date:** *(When the Minutes were prepared)*

**To:** *(insert audience – USPSA Lautoka Senate Members etc)* **Ref:** *(Number of Meeting, Year)*

***Subject: Minutes***

**Minutes of** *(example: 4th USPSA Council Meeting)* **held from** *(Dates example: Tuesday 12th- Friday 15th April 2011)* **from** *(Time Example: 8.30am-5.00pm)* **at the** *(Location example: Committee Room A at the Pacific Islands Forum Secretariat, Suva, Fiji Islands).*

**This Minute is in two parts**:

**Part A** - Information on the list of Members attending the meeting, and the capacity in which they were present in the meeting.

**Part B** - The minutes.

**Note: The meetings were in four sessions.**

**PART A : Attendees List** *(List all those present at the meeting)*

**Meeting of the** *(insert Association or Senate Name here)*

The fourth USPSA Federal Council meeting was held from the 12th -15th April 2011 at the Pacific Islands Forum Secretariat Meeting A Conference room.

The following members were present:

|  |  |  |
| --- | --- | --- |
| **Council/ Senate Position**  | **Name**  | **Student Id/ Email** |
| **Chair of Council/ Senate** |  |  |
| **Deputy Chair** |  |  |
| **Secretary General** |  |  |
| **Cook Islands Campus** |  |  |
| **Labasa Campus** |  |  |
| **Lautoka Campus** |  |  |
| **Kiribati Campus** |  |  |
| **Marshall Islands Campus** |  |  |
| **Nauru Campus** |  |  |
| **Niue Campus** |  |  |
| **Samoa Campus** |  |  |
| **Solomon Islands Campus** |  |  |
| **Tokelau Campus** |  |  |
| **Tonga Campus** |  |  |
| **Tuvalu Campus** |  |  |
| **Vanuatu Campus etc…** |  |  |

**Co-opted Members**

|  |  |  |
| --- | --- | --- |
|  | **Name**  | **ID** |
| **Co-opted Member**  |  |  |
| **Co-opted Member** |  |  |
| **Co-opted Member**  |  |  |
| **Co-opted Member**  |  |  |

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**Part B- Minutes**

*Note: All items of the Agenda discussed in the meeting to be included here*

**Prepared By:**

**………………………..**

**Secretary to Council/ Minute Taker**

**Date:…………………….**

**Confirmed by: Confirmed by:**

**…………………. ………………..**

 **Secretary General Chairperson**

**Date:……………… Date:……………**