



COALITION AGAINST DRUGS ABUSE AND COMMUNITY TRANSFORMATION

CADaCT-SL



MINISTRY OF SOCIAL
WELFARE
KENEMA DISTRICT

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Skill Training Registration Form

Post Rehabilitation Support

**BUILDING STRONG COMMUNITIES TOGETHER EMPOWERING WOMEN YOUTH AND
FAMILIES FOR A RESILIENT FUTURE**

Section A: Personal Information

- Full Name: _____
- Date of Birth (DD/MM/YYYY): _____
- Gender: ☐ Female ☐ Male ☐ Other
- Contact Number: _____
- Address/Community: _____

Section A: 2 :Immediate relative`

- Full Name -----
- Contact Address-----
- Contact Number:-----

Section B: Rehabilitation Background

- Rehabilitation Center Attended: _____
- Date of Completion: _____
- Counselor/Case Manager Name: _____
- Referral Source: ☐ Safe Space ☐ Community Mentor ☐ Women
Action Group ☐ Other: _____

Section C: Training Preferences

- Preferred Skill Area (select one or more):

☐ Vocational/ Formal Education (e.g., tailoring, carpentry, mechanics, Music, Movie, Arts and crafts, Hair dressing, clothing(Gara), painting and decoration, catering, soap making, Secondary school, University, Technical college)

☐ Technical (e.g., ICT, electrical installation)

☐ Agribusiness (e.g., farming, food processing)

☐ Entrepreneurship/Business Skills

• Apprenticeship Interest: ☐ Yes ☐ No

• Previous Skills/Experience: _____

Section D: Support Needs

• Literacy/Numeracy Support Required: ☐ Yes ☐ No

• Counseling/Peer Mentorship Support: ☐ Yes ☐ No

• Special Needs/Accessibility Requirements: _____

Section E: Commitment & Consent

• I commit to actively participate in the training program and follow the code of conduct.

Signature: _____ Date: _____

Official use only

Review Committee

comment

1,

2.

3,

Authorization:

Signature

Date