



COALITION AGAINST DRUGS ABUSE AND COMMUNITY TRANSFORMATION

CADA CT-SL

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MINISTRY OF SOCIAL
WELFARE
KENEMA DISTRICT

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