

Registration Form

Please return your completed form to: **8 Bath Street, Levin, 5510** or email: <u>info@skills4living.co.nz</u>

Date of registration: First name:		Surname:	
Address:		Phone:	
Email:			
Gender: M F DOB:		Ethnicity:	
mergency contact name and number:			
How did you hear about Skills4Living?			
Start with one or two identified life skills from t Reviews will identify further life skill developme	_		
Life skill area / personal development		Life skill area / personal development	Yes or

Life skill area / personal development	Yes or No	Life skill area / personal development	Yes or No	
Budgeting		Positive Parenting strategies		
-basic budgeting				
-getting on top of debt (referral to budget				
service)				
-saving		Number of Children in the home:		
Cooking		Household routines / management		
-On a budget		-am/pm		
-For health		-time management		
-For children		-daily duties / organisation		
-baking		-cleaning		
-main meals		-hygiene		
-other		-making your own cleaning products		
Menu Planning		Gardening		
-school lunches		-veges		
-main meals		-general gardening		
Shopping		Sewing / mending / altering / knitting		
-on a budget		/ crochet		
-for one or a family				
-menu planning				
Understanding systems and services		Other-learning and using technology,		
-benefits, courts, fines, CYF		basic home repairs		
Registration for a Skills4Living Workshop		Notes:		
 Cooking 				
 Workforce Development 				
• Craft				
• Crochet				
 Sewing 				