

Enrolment and course booking

For staff and health professionals please give your work place.

Your name:



Date of birth:



Your address:



Email:



Phone or mobile number:

Emergency contact

This is the person we would notify in an emergency (e.g. family member, friend, health professional)

Their name:

Relationship to you:



Phone or mobile number:

Chosen course(s)

Please do not add any additional course dates to this form. If you would like to book on additional dates please contact the Recovery College.



Course:



Start date:



Course:



Start date:



Course:



Start date:



Course:



Start date:

Special requirements

Please tell us if you have any special health or individual learning needs that you think we should be aware of e.g. disabled access, large print course materials, individual pre-course meeting.



Special requirements:

Background information

This information is for monitoring purposes only, so we can evaluate who is attending the Recovery College. This information will be kept confidential. **Please tick as appropriate.**

Yes No

I am attending a course for myself	<input type="checkbox"/>	<input type="checkbox"/>
I am attending a course to support a friend or family member	<input type="checkbox"/>	<input type="checkbox"/>
I am attending a course to support my work / occupation	<input type="checkbox"/>	<input type="checkbox"/>
I currently use primary care services (e.g. GP, talking therapies, community groups)	<input type="checkbox"/>	<input type="checkbox"/>
I currently use secondary care services (e.g. mental health team, social services)	<input type="checkbox"/>	<input type="checkbox"/>

Your information

The Recovery College will collect, store and process information relating to the management of your enrolment with the Recovery College and the courses you undertake with us. Your consent will form the legal basis for this data processing, with the processing of this data essential to the management of your enrolment and the services we provide.

I consent to the Recovery College processing my information for the purposes described in the Privacy Notice within the student handbook.

Please tick to give consent



Please sign:



Please date:

I consent to the Recovery College sending me information relating to other courses which they feel may be of interest.

Please tick to give consent



Please sign:



Please date: