

Enrolment and course booking form

Personal details

Name: _____ Date of birth: _____

Address: _____

Email: _____

Tel no.: _____

How did you hear about us? _____

Emergency contact

Name: _____ Relationship to you: _____

Contact no.: _____

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.

Chosen course(s). Please do not add any additional course dates. If you would like to book more dates, please contact the Recovery College.

Course: _____ Start date: _____

Course: _____ Start date: _____

Course: _____ Start date: _____

Course: _____ Start date: _____

Background information. This information is for monitoring purposes only, so we can evaluate who is attending the college. This information will be kept confidential. Please circle YES or NO

I am attending a course for myself YES NO

I am attending a course to support a friend or family member YES NO

I am attending a course to support my work / occupation YES NO

I currently use primary care services
(e.g. GP, talking therapies, community groups) YES NO

I currently use secondary care services
(e.g. mental health team, social services) YES NO

Your information. The Recovery College will collect, store and process information relating to the management of your enrolment with the college, and the courses you undertake with us. Your consent will form the legal basis for this data processing. The processing of this data is 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: _____ 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: _____ Date: _____