

Learner information:

Name		Date of birth:	
Telephone number		Address:	
		Postcode:	
Email address:		We would like to keep you informed about future courses and workshops run at the Recovery college. Please circle the corresponding if you'd like to receive this by:	
		<input type="checkbox"/> Email / <input type="checkbox"/> Post / <input type="checkbox"/> Please don't send future info	

What workshops / courses are you interested in attending?

(1) Course name:	Start Date:
(2) Course name:	Start Date:
(3) Course name:	Start Date:

Who is the best person to speak to in an emergency?

Name (relative/GP/ person that supports you):	Relationship to you:	Contact Number:	Address:

Is there anything else you would like us to be aware of? (e.g. health conditions, learning needs)

How did you find out about the Recovery College?

Information sharing and monitoring

Information received by the Recovery College will be stored securely. Where your course is provided by a partner organisation we ask for your consent to share this enrolment form with them to provide them with your contact and monitoring information.

We are keen to see what impact that the Recovery College is having. We ask for consent to work with the SWTY (Trust) to evaluate the success of our work. All information will be collated anonymously and will be used to provide a picture of any difference the college is making to the work of the trust. Please let us know if you have any concerns. Thank you.

Learner signature:

Date:

Equality and diversity monitoring

To ensure that we provide the best service for our community, and not knowingly discriminate against any section of society, it is important for us to gather the following information. You do not have to answer any of these questions, but we would be very grateful if you would.

Date of birth:				<input type="checkbox"/> I prefer not to say
Race (taken from the Census categories 2011)				
White <input type="checkbox"/> English/Welsh/Scottish / Northern Irish/British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background, write in:	Mixed/multiple ethnic groups <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed/multiple ethnic background, write in:	Asian/Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background, write in:	Black/African/Caribbean/Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black/African/Caribbean/Black British background, write in:	Other ethnic group <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group, write in: <input type="checkbox"/> I prefer not to say
Language				
What is your main language? <input type="checkbox"/> English <input type="checkbox"/> Other (including sign languages) write in:		How well can you speak English? <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not very well <input type="checkbox"/> Not at all <input type="checkbox"/> I prefer not to say		
Religion/belief				
<input type="checkbox"/> No religion <input type="checkbox"/> Agnostic	<input type="checkbox"/> Christian (including C of E, Catholic, Protestant and all other denominations)	<input type="checkbox"/> Sikh <input type="checkbox"/> Muslim <input type="checkbox"/> Hindu	<input type="checkbox"/> Buddhist <input type="checkbox"/> Jewish	<input type="checkbox"/> Any other religion/belief, write in: <input type="checkbox"/> I prefer not to say
Disability				
Do you consider yourself to have of the following? (Please tick all that apply)	<input type="checkbox"/> Mental health condition <input type="checkbox"/> Speech impairment	<input type="checkbox"/> Physical impairment <input type="checkbox"/> Cognitive impairment <input type="checkbox"/> Learning disability	<input type="checkbox"/> Long standing illness <input type="checkbox"/> I do not have a disability <input type="checkbox"/> Other, please state:	<input type="checkbox"/> I prefer not to say
Gender / Sexual orientation		Caring Responsibilities		
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Live in a gender other than that assigned at birth.	Sexual orientation <input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual	Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had a baby in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment status		Marriage and Civil Partnership		
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed, seeking work <input type="checkbox"/> Student in education or training	<input type="checkbox"/> Long term sick or disabled <input type="checkbox"/> Homemaker <input type="checkbox"/> Volunteer <input type="checkbox"/> Retired	(Please tick one box) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> In a same sex civil partnership <input type="checkbox"/> Co-habiting <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> I prefer not to say		