

**Student enrolment and course booking form**  
 An electronic version can also be completed on line; please visit:  
[www.wakefieldrecoverycollege.co.uk](http://www.wakefieldrecoverycollege.co.uk)

**Your details**

Title (Miss/Mrs/Ms/Mr/etc.):		First name:	Surname:
Date of birth:	Age:	Current address:	
Landline telephone number:			
Mobile telephone number:			
		Post code:	
Email address:			

**EMERGENCY CONTACT INFORMATION**  
 This is the person we would notify in case of emergency

Name of contact:	Relationship to you:	Their telephone number:
Their address:		

**How can we contact you?**  
 We promise we will not bombard you! We will usually contact you by post, but please tick all options that you are happy for us to contact you by:

- Telephone                     
  Text                                     
  Post                                     
  E mail

Chosen course (s)/workshop (s)	What would you like to achieve from attending each course?
--------------------------------	--

Course title:	Start date :	I would like to:
Course title:	Start date:	I would like to:
Course title:	Start date:	I would like to:

### Background information

This information is for monitoring purposes only and will be kept confidential.  
Please tick whether you are:

- Someone who is/has used mental health services  currently  previously
- Friend/family/carer of someone who uses mental health services  currently  previously
- A SWYPFT member of staff
- A staff member from another service
- Other (please specify): .....
- Prefer not to say

### Individual and learning needs

The Recovery College is committed to supporting all of our learners. Please tell us you have any specific support or learning requirements that you think we should be aware of and how we can help with these. These may include, but are not limited to, large print course materials, level building access, extra breaks, one to one support to help to work towards your learning plan?

- Please tick:
- |   |  |
|---|--|
| <input type="checkbox"/> Physical disabilities                | <input type="checkbox"/> Learning disabilities |
| <input type="checkbox"/> Mental health diagnosis              | <input type="checkbox"/> Asperger's Syndrome   |
| <input type="checkbox"/> Autistic spectrum disorder           | <input type="checkbox"/> Dyslexia              |
| <input type="checkbox"/> Allergies (please give details)..... |  |
| <input type="checkbox"/> Other (please give details).....     |  |
| <input type="checkbox"/> None                                 |  |

If you have a disability, health condition, or any other issue that you are aware of, please tell us what it is below and how it affects you in as much detail as possible, so that we can support you:

What can we do for you to support and help you learn?

What do you feel you are able to do to support yourself with independent learning?

### How did you hear about us?

- |  |  |
|--|--|
| <input type="checkbox"/> From a member of SWYPFT staff | <input type="checkbox"/> Mental health services          |
| <input type="checkbox"/> Family/friend                 | <input type="checkbox"/> Event                           |
| <input type="checkbox"/> Former student                | <input type="checkbox"/> GP                              |
| <input type="checkbox"/> Prospectus                    | <input type="checkbox"/> Flyer/poster                    |
| <input type="checkbox"/> Website                       | <input type="checkbox"/> Social media (Facebook/Twitter) |
| <input type="checkbox"/> Other (please specify) .....  |  |

# Equality and diversity monitoring

To ensure that we provide the best service for our community, & 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. The categories & terms used are taken from the 2011 Census & worded according to our students' preferences. Information provided will remain confidential.

<b>Date of birth:</b> <input type="text"/>		<b>Age at enrolment:</b> <input type="text"/>		<input type="checkbox"/> I prefer not to say
<b>Race</b>				
<b>White</b> <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, please specify:	<b>Mixed/multiple ethnic groups</b> <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, please specify:	<b>Asian/Asian British</b> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background, please specify:	<b>Black/African/Caribbean/Black British</b> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black/African/Caribbean/Black British background, please specify:	<b>Other ethnic group</b> <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group, please specify:  <input type="checkbox"/> I prefer not to say
<b>Language (part 1)</b>		<b>Language (part 2)</b>		<b>Country of birth</b>
<b>What is your main language?</b> <input type="checkbox"/> English <input type="checkbox"/> Other (including sign languages), please specify:		<b>How well can you speak English?</b> <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		<input type="checkbox"/> England <input type="checkbox"/> Wales <input type="checkbox"/> Scotland <input type="checkbox"/> N. Ireland <input type="checkbox"/> EU Country <input type="checkbox"/> Non EU Country <input type="checkbox"/> I prefer not to say
<b>Religion/belief</b>				
<input type="checkbox"/> No religion <input type="checkbox"/> Agnostic <input type="checkbox"/> I prefer not to say	<input type="checkbox"/> Christian (including C of E, Catholic, Protestant & 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, please specify:	
<b>Disability</b> Do you consider yourself to have of the following? (Please tick all that apply)				
<input type="checkbox"/> I do not have a disability <input type="checkbox"/> Long standing illness <input type="checkbox"/> Mental health condition	<input type="checkbox"/> Learning disability <input type="checkbox"/> Physical impairment <input type="checkbox"/> Cognitive impairment (e.g. Dementia, Autism, ADHD)	<input type="checkbox"/> Physical impairment <input type="checkbox"/> Cognitive impairment <input type="checkbox"/> Speech impairment	<input type="checkbox"/> I prefer not to say <input type="checkbox"/> Other, please specify:	
<b>Gender</b>	<b>Sexual orientation</b>	<b>Caring Responsibilities (part 1)</b>		<b>Perinatal information</b>
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Live in a gender other than that assigned at birth. <input type="checkbox"/> I prefer not to say	<input type="checkbox"/> Heterosexual ("straight") <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay (homosexual) <input type="checkbox"/> Lesbian <input type="checkbox"/> Other (please specify): <input type="checkbox"/> I prefer not to say	<b>Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I prefer not to say		<b>Have you had a baby in the last 12 months?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I prefer not to say
<b>Employment status</b>		<b>Residency</b>	<b>Marriage and Civil Partnership</b>	<b>Qualifications</b>
<input type="checkbox"/> Employed (full time) <input type="checkbox"/> Employed (part time) <input type="checkbox"/> Unemployed, seeking work <input type="checkbox"/> Student <input type="checkbox"/> Long term sick or disabled <input type="checkbox"/> Care giver	<input type="checkbox"/> Veteran <input type="checkbox"/> Homemaker <input type="checkbox"/> Volunteer <input type="checkbox"/> Retired <input type="checkbox"/> I prefer not to say	<input type="checkbox"/> Homeowner <input type="checkbox"/> Privately renting <input type="checkbox"/> Housing association (e.g. council) <input type="checkbox"/> Community care <input type="checkbox"/> Care home <input type="checkbox"/> Other <input type="checkbox"/> I prefer not to say	(Please tick one box) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Co-habiting <input type="checkbox"/> In a same sex civil partnership <input type="checkbox"/> I prefer not to say	<input type="checkbox"/> Level 2 (e.g. RSA) <input type="checkbox"/> GCSE / O Level <input type="checkbox"/> AS Level <input type="checkbox"/> A Level / Btec <input type="checkbox"/> Degree <input type="checkbox"/> Masters or higher <input type="checkbox"/> I prefer not to say

# Recovery College Charter

The Recovery College aims to create an environment that encourages learning and where those attending feel they are supported. This charter is designed to help understand what is expected from you and of us, whilst accessing the college.

## What you can expect from us:

We will respect you as an individual at all times. We will do this by:

- Respecting your values, opinions and beliefs
- Equality of opportunity, free of harassment and discrimination
- Helping people that support you to access courses e.g. a career, friend or interpreter
- Behaving in a way that fosters a shared understanding and mutual respect
- Encouragement to take responsibility for your own learning and development
- Opportunities for you to comment on and review the courses and facilities on offer
- Clear information about the courses on offer
- The chance to celebrate success
- Suitably trained facilitators and volunteers who are committed to the quality of your experience and to their own professional development

## What we expect from you:

- Respect the rights, choices, beliefs and opinions of others
- Commit to attending course/workshop you have enrolled on
- Do my best to inform the college ahead of time, if I am going to be late or miss a session and return from my breaks in a timely manner
- Respect the college environment and equipment
- Ensure mobile phones are on silent/turned off before entering any learning area
- If I act in a way that may put myself or others at risk, I understand I may be asked to leave the course
- Avoid the use of language or terminology that might offend others
- Do not attend the college if under the influence of alcohol or substances, because it affects my ability to learn and/or ability to conduct myself respectfully.
- I agree to behave appropriately within the learning environment and accept guidance from the course facilitator
- Keep us informed of any special needs or requirements you have so we can support you in the best way possible
- Seek early advice and support whenever you need clarification, or if you have a problem
- I will keep any personal/private information heard during any course strictly confidential

By filling out this form and enrolling on these courses, I am confirming that I will attend these courses and abide by the College's code of conduct. I understand that failure to attend these courses without contacting the Recovery College beforehand may result in a period of time where I am unable to attend any courses that I have enrolled on or was planning to enrol on. I also understand that if I am in danger, or there is a risk to myself or others, the information that I have given may be shared with others to ensure everyone's health and safety. We shall let you know if we have to share this information.

Name..... Signature..... Date.....

**Please return your completed four page enrolment form to:**

**Wakefield & 5 Towns Recovery College, Drury Lane Health & Wellbeing Centre, Drury Lane, Wakefield, WF1 2TE.**