Text

Description automatically generated with medium confidence

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| **Student enrolment and course booking form**  An electronic version can also be completed online; please visit:  **www.wakefieldrecoverycollege.nhs.uk** | | | | | | | | |
| **Your details** | | | | | | | | |
| Title (please circle)  Miss Mrs Ms Mr Dr Other | | | Preferred name: | | | | Surname: | |
| Date of birth: | | | | | Age at enrolment: | | | |
| Gender: | | Current address:  Postcode: | | | | | | |
| Contact telephone number: | |
| 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: |
| **How can we contact you?**  We promise we will not bombard you! We will usually contact you by text, telephone or email, but please tick all options that you are happy for us to contact you by: | | | | | | | | |
| 🞏 Telephone 🞏 Text 🞏 Post 🞏 E mail | | | | | | | | |
| **If you are under 18:** | | | | | | | | |
| Are your parents/carers aware of your enrolment at the College? Yes / No  If we are unable to contact you regarding your enrolment at the College, are you happy for us to speak with your parent/carer? Yes / No | | | | | | | | |
| **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 all that apply: | | | | | | | | |
| 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: 🞏 Physical disabilities  🞏 Mental health diagnosis  🞏 Learning disabilities  🞏 Dyslexia  🞏 Autistic spectrum disorder (including Asperger’s syndrome)  🞏 Allergies (please give details)……………………………………………………….  🞏 Other (please give details)....................................................................................  🞏 None | | | | | | | | |
| **How did you hear about us?** | | | | | | | | |
| 🞏 From a member of SWYPFT staff 🞏 Mental health services  🞏 Family/friend 🞏 Event  🞏 Former student 🞏 GP  🞏 Prospectus 🞏 Flyer/poster  🞏 Website 🞏 Social media (Facebook/Twitter)  🞏 Other (please specify) …………………………………………………………………………………. | | | | | | | | |

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

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

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.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of birth:** | | | | **Age at enrolment:** | | | | | 🞏 I prefer not to say |
| **Race** | | | | | | | | | |
| **White**  🞏English/Welsh/Scottish / Northern Irish/British  🞏Irish  🞏Gypsy or Irish Traveller  🞏Any other White background, please specify: | **Mixed/multiple ethnic groups**  🞏White and Black Caribbean  🞏White and Black African  🞏White and Asian  🞏Any other mixed/multiple ethnic background, please specify: | | **Asian/Asian British**  🞏Indian  🞏Pakistani  🞏Bangladeshi  🞏Chinese  🞏Any other Asian background, please specify: | | | **Black/African/Caribbean/Black British**  🞏African  🞏Caribbean  🞏Any other Black/African/Caribbean/Black British background, please specify: | | | **Other ethnic group**  **🞏**Arab  🞏Any other ethnic group, please specify:  🞏 I prefer not to say |
| **Language (part 1)** | | | | | | **Country of birth** | | | |
| **What is your main language?**  🞏English 🞏Other (including sign languages), please specify:  **If English is not your main language, how well can you speak English?**  🞏 Very well 🞏 Well 🞏 Not very well 🞏 Not at all | | | | | | 🞏 England 🞏 Wales 🞏 Scotland  🞏 N. Ireland 🞏 EU Country 🞏 Non EU Country 🞏 I prefer not to say | | | |
| **Religion/belief** | | | | | | | | | |
| 🞏No religion  🞏Agnostic  🞏 I prefer not to say | 🞏Christian  (including C of E, Catholic, Protestant & all other denominations) | | | 🞏Sikh  🞏Muslim  🞏Hindu | | 🞏Buddhist  🞏Jewish  🞏Any other religion/belief, please specify: | | | |
| **Disability Do you consider yourself to have of the following? (Please tick all that apply)** | | | | | | | | | |
| 🞏I do not have a disability  🞏Long standing illness  🞏Mental health condition | 🞏Learning disability  🞏Physical impairment  🞏Cognitive impairment (e.g. Dementia, Autism, ADHD) | | | | 🞏Speech impairment  🞏 Other, please specify: | | | | 🞏 I prefer not to say |
| **Gender** | **Sexual orientation** | | | | **Caring Responsibilities (part 1)** | | | | **Perinatal information** |
| **🞏**Female **🞏**Male  🞏Live in a gender other than that assigned at birth. 🞏 I prefer not to say | 🞏Heterosexual (“straight”) 🞏Bisexual  🞏Gay (homosexual) 🞏Lesbian  🞏Other (please specify):  🞏 I prefer not to say | | | | **Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support?**  🞏Yes 🞏No 🞏 I prefer not to say | | | | **Have you had a baby in the last 12 months?**  🞏Yes 🞏No  🞏 I prefer not to say |
| **Employment status** | | | | | **Marriage and Civil Partnership** | | | | |
| 🞏 Employed (full time)  🞏 Employed (part time)  🞏 Unemployed, seeking work  🞏 Student | 🞏 Long term sick or disabled  🞏 Care giver  🞏 Veteran  🞏 Homemaker | 🞏 Volunteer  🞏 Retired  🞏 I prefer not to say | | | (Please tick one box)  🞏Single  🞏Married | | 🞏Widowed 🞏Divorced  🞏Separated  🞏Co-habiting | 🞏In a same sex civil partnership  🞏 I prefer not to say | |

**Wakefield Recovery & Wellbeing College/Discovery College Charter**

The Wakefield Recovery & Wellbeing College/Discovery 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 carer, 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
* Only sharing information that we need to share if we have a concern for your safety or the safety of others. This will only be done when absolutely necessary.

**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 if 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.  However, I will immediately share any concerns I may have about the health and safety of another student, child or adult with a member of the staff team.  I understand that no matter how small the concern may be, I have a responsibility to share this, to make sure that the appropriate steps are followed to keep that person/others safe and I do not leave the session worrying about somebody else’s safety

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 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……………………………