

## I-Recovery College Enrolment Form / Individual Learning Plan

A project supported by the European Union's INTERREG VA Programme, Managed by the Special EU Programmes Body

Please complete this form to enrol for courses. Tick here if you have previously attended courses

### Personal Details

<b>First Name</b>		<b>Surname</b>	
<b>Address</b>			
Town		County	
<b>Postcode</b>			
<b>DOB</b>		<b>Age</b>	
Telephone no:		Mobile No:	
E-mail:			
<b>Gender (Pick Tick)</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Non-defined <input type="checkbox"/>

### Ethnicity (Please tick)

White	Irish traveller	Pakistani	Chinese
Indian	Bangladeshi	Black Caribbean	Black other
Black African	Mixed ethnic group	<i>Please state</i>	
Any other ethnic group		<i>Please state</i>	

### Preferred Alternative Contact Details (only used if we cannot get in touch with you or if we need to contact someone on your behalf in case of an emergency)

Name	
Contact No:	

### Please detail which courses you wish to enrol for

Course Title	Dates and Times	Location

### How did you hear about the recovery college?

- GP       Health Professional       Community/Voluntary Service  
 E-mail       Leaflet/ Poster       Family Friends      Other (State) \_\_\_\_\_

Is there anything we can do to make your attendance easier? For example larger print

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**MY INDIVIDUAL LEARNING PLAN NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

What do I want to learn about / or to improve	Where am I now?				
1	1	2	3	4	5
2	1	2	3	4	5
3	1	2	3	4	5

**1** I'm not there yet    **2** I'm getting there    **3** I'm almost there    **4** I've got there    **5** I'm further ahead

**Tick all that apply** (You may find more than one statement applies to you)

Attending for myself <input type="radio"/>	Attending in work capacity <input type="radio"/>	Currently managing my own wellbeing <input type="radio"/>
Currently receiving support from HSE / Trust Mental health services <input type="radio"/>	Currently receiving support from GP <input type="radio"/>	Currently caring for someone else <input type="radio"/>
Currently receiving support from other services (Private etc) <input type="radio"/>	Employed/volunteer with HSE/ Health Trust <input type="radio"/>	Employed/ Volunteer with Community/Voluntary services <input type="radio"/>

**Consents**

- I consent to receiving E-mail updates on courses and college news
- I consent to being contacted in relation to larger Project Evaluation
- I consent to my anonymised data being used

**USES MADE OF YOUR DATA**

In order to fulfil our obligations with our funder –we aggregate statistical information about our users. We do not sell or exchange Data to third parties. If you do not want us to use your Data in this way, please inform us. If you wish to stop the use of your Data for those purposes at any time please contact us.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

RETURN TO