

RECOVERY COLLEGE – ENROLMENT/REGISTRATION/APPLICATION FORM

Please complete this form to register for courses. Return completed form to:

Ms Olive Young, Recovery College Co-ordinator, c/o Mental Health Services, Omagh Hosp & Primary Care Complex, 7 Donaghane Rd, Omagh BT79 0NS or email it to:

olive.young@westerntrust.hscni.net

Personal Details

Name:
Address: (including Postcode)
Telephone Number: (Mobile Number Preferred)
Email:
Date Of Birth:
Preferred Alternative Contact Details – Name and telephone number (this may be used if we cannot get in contact with you or if we need to contact someone on your behalf in case of emergency)

Course Details

I would like to register for the following course/s (maximum 3 per term)

Course Title	Dates & Time	Location

Is there anything that might impact on your attendance, participation or access, or do you have any specific learning needs that you feel we need to know about?

I agree that my personal details above may be held in accordance with trust data protection/confidentiality policies. I agree that I may be contacted by telephone/email regarding my application and that I may also be requested to take part in evaluation of my experience at the recovery college.

Places will be confirmed approximately one week before the course date.

Signature: _____ Date: _____

MONITORING INFORMATION

Please complete this section as fully as possible. It is required to enable us to monitor and evaluate the Recovery College. All information will be held in confidence and will not be linked to your name or personal details.

You may find that more than one statement applies to you – please tick all that apply

Employed/Volunteer with Western Health Social Services Trust Yes No

Employed/Volunteer with Community/Voluntary Service Yes No

Currently receiving support from Western Trust Mental Health Services Yes No

Receiving support from other services Yes No

If Yes please specify:

Caring for someone with Mental Health difficulties Yes No

Please let us know which area of the Western Trust you live in – if you live in another Trust area – please tell us that Trust name or your nearest town

Omagh

Enniskillen/Fermanagh

Strabane

Derry/Londonderry

Limavady

Other area: _____

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