

Recovery College Enrolment Form

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

Personal Details

First Name		Surname	
Address			
Town			
County			
Postcode			
DOB		Age	
Telephone no:		Mobile No:	
E-mail:			

Gender: Male Female (Please Tick)

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
 Please state: _____
 E-mail
 Leaflet/ Poster
 Family Friends
 Other (State) _____

Is there anything we can do to make your attendance easier? Do you need assistance?

Have you any suggestions for courses you would like to see run in the recovery college

Monitoring & Evaluation

We would appreciate it if you would assist us with the monitoring and evaluation of the project by supplying the following information. All information is held in confidence.

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

- Currently receiving support from HSE / Trust Mental health services
- Currently receiving support from GP
- Currently receiving support from other services (Private/ Community/ Voluntary sector)
- Currently managing my own wellbeing / Caring for someone else
- Employed/volunteer with HSE/ Health Trust
- Employed/ Volunteer with Community/Voluntary services

Consents

- I consent to receiving E-mail updates on courses and college news
- I consent to being contacted in relation to Project Evaluation

Signature: _____

Date: _____

Return To:

Office use:

Date Added:

Unique Identifier:

Allocated for ILP to:

Date: