**Registration Form**

**Thank you for your interest in becoming a student in the Recovery College. Please complete this form to enrol for courses. A member of our team will get in touch with you to finalise the registration process.**

**Should you experience any difficulties downloading the registration form please contact us via phone on 01375 809708 or email us at** [**thurrockrcollege@mpft.nhs.uk**](mailto:thurrockrcollege@mpft.nhs.uk)

Personal Details:

|  |  |  |
| --- | --- | --- |
| First Name(s) |  | |
| Surname |  | |
| Date of Birth |  | |
| Home Address | Postcode: | |
| *Email Address* |  | |
| Telephone Number | Home: | Mobile: |
| Emergency Contact Name: |  | Emergency Contact No: |

|  |  |
| --- | --- |
| What is your preferred method of contact? |  |
| What is your preferred time of contact? |  |

Do you give permission to leave an answer message on your phone numbers? Yes ☐ No ☐

Primarily in what role will you be using the college?

Service User ☐ Carer ☐ Relative/Friend ☐ Professional/Staff ☐ Member of the Public ☐

Have you ever, or are you experiencing mental health difficulties?

Yes ☐ No ☐ Prefer not to say ☐

If you are accessing the Inclusion Thurrock Inclusion Service, please provide details of the worker that you are working with.

|  |  |
| --- | --- |
| Talking Therapy Named worker |  |

Please provide details of any relevant care coordinators/ other named workers that you are working with.

|  |  |  |
| --- | --- | --- |
| **Worker Name** | **Service** | **Tel No** |
|  |  |  |
|  |  |  |

How did you hear about us? Please tick the most appropriate.

|  |  |  |  |
| --- | --- | --- | --- |
| Internet, website, event |  | Word of mouth from friend/family/student |  |
| Inclusion Thurrock |  | Other, please state below |  |
| Thurrock Mind |  |  |  |
| Health Professional |  |  |  |

Preferred courses of interest:

What is your time preference?

Morning / Afternoon / Evening

Please circle

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |

Please select all locations where you may be able to attend.

Online ☐ Grays ☐ Tilbury ☐ South Ockendon ☐ Chadwell ☐ Purfleet ☐Stanford-le-Hope ☐

Additional Support/Assistance:

Is English your first language? Yes ☐ No ☐

If you indicated that English is not your first language, do you feel that you might need assistance in understanding the course content? Yes ☐ No ☐

If you have any learning difficulties/disabilities (such as hearing or visual impairment) or medical conditions (such as epilepsy or diabetes), please state them in the box below.

|  |  |
| --- | --- |
| **Employment Status:** | |
| * Employed | * Long term sick or disabled |
| * Volunteering | * Off sick from work, on Statutory Sick Pay |
| * In full-time education or training | * Full-time homemaker, parent or carer |
| * Unemployed | * Retired |

Student Declaration:

Please indicate whether you have any unspent ‘relevant’ criminal convictions. Relevant unspent criminal convictions being those against a person (whether violent or sexual), and offences involving drugs or controlled substances. Yes ☐ No ☐

Having an unspent ‘relevant’ criminal conviction does not automatically mean that you will be unable to access a course within the Recovery College, however the staff team within the Recovery College will meet to discuss your application.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return to ThurrockRCollege@mpft.nhs.uk or by post to:**

**Thurrock Recovery College, Thurrock Health Centre, 55-57 High Street, Grays, RM17 6NB**

**Once received, a member of our team will be in contact with you for a meeting**

**Equal Opportunities Monitoring:** The Recovery College collects information from students on key characteristics which can be related to providing equal opportunities for all. The information collected will remain confidential; the data obtained from this section of the registration form will not be reported as linked to the personal details that you have provided above.

**Please answer all questions by marking a X.**

**Gender**

Male ☐ Female ☐ I do not wish to disclose my gender ☐ Other ☐

**What is your sexual orientation?**

Bisexual ☐ Gay ☐ Heterosexual ☐ Other ☐ Prefer not to say ☐

**What is your marital status?**

Single ☐ Married ☐ Civil Partnership ☐ Widow/Widower ☐ Divorced ☐Prefer not to say ☐**What is your ethnicity?**

Ethnic origin categories are not about nationality, place of birth or citizenship. They are the group/s to which you as an individual perceive yourself to be.

|  |  |  |
| --- | --- | --- |
| **Asian or Asian Background**  ☐ Bangladeshi  ☐ Indian  ☐ Pakistani  ☐ Any other Asian Background  **Black or Black British**  ☐ African  ☐ Caribbean  ☐ Any other Black Background | **Multi-Cultural**  ☐ White & Asian  ☐ White & Black African  ☐ White & Black Caribbean  ☐ Any other Mixed Background  **White**  ☐ British  ☐ Irish  ☐ Any other White Background | **Other Ethnic Group**  ☐ Chinese  ☐ Gypsy  ☐ Traveller  ☐ Eastern European  ☐ Any other Ethnic group  Please state:  ☐ I do not wish to disclose my ethnic origin. |

**Nationality (please circle or write):**  British/ English/ Irish/ Scottish/ Welsh/ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Religious Belief (please tick):**

|  |  |  |
| --- | --- | --- |
| ☐ Christianity  ☐ Atheism  ☐ Buddhism  ☐ Islam | ☐ Jainism  ☐ Sikhism  ☐ None  ☐ I do not wish to disclose my religion/belief | ☐ Judaism  ☐ Hinduism  ☐ Other  Please state: |

**Disability**

Do you consider yourself to have a disability? Yes ☐ No ☐ Prefer not to say ☐