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| --- | --- | --- |
| **Title:** **(Mr/Mrs/Miss/Ms)** | **Forename:**  | **Surname:**  |
| **Preferred contact Address:****Post Code:**  | **Landline:** |
| **Mobile:**  |
| **Email:**  |
| **Are you 16 years or over?** *(Courses are only open to 16yrs+)* | **Yes:** | **No:** |
| **Date of Birth: / /** |
| **Please indicate your preferred method of contact:***(place an “x” in the appropriate box)* | Email: | Mobile (Text):  | Post:  |
| **Which courses do you wish to attend?** |
| **Course Title** | **Date** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Please tell us whether you are:** *(place an ‘x’ in as many boxes required)* |
| User of Services:  | Health Professional: | HPSS Staff: | Public Sector Staff:  |
| Private Sector Staff: | Community Voluntary Staff: | Carer (including family & friends): | Prefer not to say: |

**Belfast Recovery College Enrolment Form**

Thank you for your interest in becoming a student in the Belfast Recovery College.

Please complete this form to fully enrol for courses and to contact you for any cancelations.

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

GP Health Professional Community/Voluntary Service

 E-mail Leaflet/ Poster Family Friends Other (State) \_\_\_\_\_\_\_\_\_\_\_\_

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| **Please also let us know if there any reasonable adjustments (i.e. disability related) required in facilitating your attendance. We will make every effort to support your needs.** |
| **Please note***: Due to the GDPR 2018 by enrolling with the Belfast Recovery College you are agreeing to us holding your personal information. In order to satisfy our funders the following information will be shared with Co-operation And working Together (CAWT), a partnership providing health and social care: Full name, date of birth, postcode. It will be securely disposed of after ten years and not used for any other reason other than for the purpose of running the programme. Statistical information may also be shared with the Public Health Agency for the internal and external evaluation of our work such as general geographic location. This information will be statistical and will not contain any identifiable information. For a copy of the information we hold please contact John Morgan project lead. Johnc.morgan@belfasttrust.hscni.net*  |
| **Signature:** | **Date:** | **Please return completed forms by email or post to*:*** *recoveryCollege@belfasttrust.hscni.net* *or Belfast Recovery College, Lanyon Building, North Derby Street, Belfast, BT15 3HL* |