**Belfast Recovery College Enrolment Form**

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| **Title:**  **(Mr/Mrs/Miss/Ms)** | | **Forename:** | | | | | **Surname:** | | | | | | | | |
| **Address:** | | | | | | | **Town:** | | | | | | | | |
| **County:** | | | | | | | **Post Code:** | | | | | | | | |
| **Telephone No:** | | | | **Mobile No:** | | | | | | **Email (please provide the email address you intend to use to access our webinar(s) only):** | | | | | |
| **Date of Birth:** | | | | **Gender (Please tick):** | | | | **Male** | | | **Female** | | | **Non-defined** | |
| **Please indicate your preferred method of contact (Please tick):** | | | | | | | | **Email:** | | | | **Mobile:** | | | **Post:** |
| **WHICH COURSES DO YOU WISH TO ATTEND?** | | | | | | | | | | | | | | | |
| **Course Title** | | | | | | | | | | | | | **Date** | | |
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| **PLEASE TELL US WHETHER YOU ARE:** ***(Please TICK)*** | | | | | | | | | | | | | | | |
| Person with Lived Experience | | | Health Professional: | | | | Private Sector Staff: | | | | | | Public Sector Staff: | | |
| Community Voluntary Staff: | | | | Carer (including family & friends): | | | | | | | | | Prefer not to say: | | |
| **HOW DID YOU HEAR ABOUT THE INNOVATION RECOVERY PROJECT (PLEASE TICK)** | | | | | | | | | | | | | | | |
| GP | Health  Professional | | Community/Voluntary Service | | | Social Media | | | Family/Friends | | | | Leaflet/Poster /Prospectus | | |
| **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. Recoverycollege@belfasttrust.hscni.net* | | | | | | | | | | | | | | | |
| **Signature:** | | | | **Date:** | **Please return completed forms by Post*:*** Belfast Recovery College, Lanyon Building, North Derby Street, Belfast, BT15 3HL **Email:** recoverycollege@belfasttrust.hscni.net | | | | | | | | | | |

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