

ADMIN ONLY

Student Number:

Date Enrolled:

Enrolled By:

RECOVERY COLLEGE ENROLMENT FORM

When completing this form:

- Use **BLOCK CAPITALS**
- For questions with multiple answers please tick all that apply
- * Indicates that a response is optional

PART 1 – Personal Details

First Name		
Surname		
Date of Birth		
Address		
	Postcode	
Telephone Numbers		
E-mail Address		
	If you provide us with an e-mail address please add recovery.college@sabp.nhs.uk to your safelist/contact so our e-mails are not filtered into your junk or spam folder.	

Emergency Contact	Name	
	Relationship to you	
	Telephone Numbers	

Current GP	Name		
	Practice Name		
	Address		
		Postcode	
	Telephone Numbers		

NHS Number*	
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Are you enrolling in the Recovery College as:

- Someone with **physical health** difficulties
- Someone with **mental health** difficulties
- A **carer, family member** or **friend** of someone with physical and / or mental health difficulties
- Someone **employed** to work with people who have physical and / or mental health difficulties
- Other.** Please specify _____

What physical health difficulties are you, or the relevant person or people you know, currently experiencing?

Are you currently receiving treatment for a physical health condition?

Yes No

What mental health difficulties are you, or the relevant person or people you know, currently experiencing?

Are you currently receiving treatment or support for a mental health condition from any of the following:

- GP
- Surrey and Borders Partnership (SABP) Community Mental Health Recovery Service (CMHRS)
- SABP Early Intervention in Psychosis (EIIP) Service
- SABP Older Persons Service (OPS)
- SABP Learning Disabilities (LD) Service
- SABP Home Treatment Team (HTT)
- SABP In-Patient Services

Have you ever been discharged from any of the following SABP services?

- Community Mental Health Recovery Service (CMHRS)
- Early Intervention in Psychosis (EIIP) Service
- Older Persons Service (OPS)
- Learning Disabilities (LD) Service
- Home Treatment Team (HTT)
- In-Patient Services

In order to support you to get the most out of the Recovery College, please let us know about any areas where we could offer additional support. This may include physical or mental health, language or communication needs, etc.

How did you hear about the Recovery College?

- | | |
|--|--|
| <input type="checkbox"/> Employer/GP/healthcare professional | <input type="checkbox"/> Prospectus |
| <input type="checkbox"/> Carer/friend/relative/other | <input type="checkbox"/> Website |
| <input type="checkbox"/> Social media (e.g. Facebook) | <input type="checkbox"/> Recovery College Event |
| <input type="checkbox"/> Poster | <input type="checkbox"/> Other. Please specify _____ |

PART 2 – Declarations

When you enroll, we ask you to sign two declarations, as follows:

(1) Sharing your Information

We understand the importance of confidentiality and information sharing between the Recovery College and other relevant statutory organizations.

As a part of the enrolment process, you will share some personal information with us. This information will be stored securely and in line with Surrey and Borders Partnership NHS Foundation Trust policies and shared as necessary with the partner organization providing the course.

Information shared between students during the course must remain confidential. However, there are certain times when we may need to share your information with other professionals, services or agencies. These include:

- If there is concern that a child is at risk from harm
- If there is concern that you are putting another person at risk of harm
- If you have threatened to do serious harm to yourself

In order to measure the impact the Recovery College is having on your recovery, we may access information about your use of health services in the year prior to enrolling at the Recovery College, during your time at the Recovery College and in the year following. These details will only be accessed if you are receiving services from Surrey & Borders Partnership Foundation NHS Trust (SABP). The information used will be anonymized.

The Recovery College will send information to you about new courses and the courses that you are currently enrolled on, for example if there are changes to the dates of your course/workshop. You may also receive information on completion of the course.

Please note that courses run by partnership organisations, (meaning not SABP) **may** require you to fill out

additional enrolment and feedback forms when you attend the course.

Information that is shared is to demonstrate the effectiveness of the Recovery College, helping us gain support for further Recovery College development and future direction.

I do not want my information shared

I confirm that I have read the information about the Recovery College's approach to confidentiality and the sharing of my information.

STUDENT SIGNATURE: _____

(2) Code of Conduct

Our aim at the Recovery College is to give you all the support and guidance you need to achieve success. Our Code of Conduct is a guide which explains what we expect from students, so that we can help you to achieve success in a supportive and non-threatening environment.

Our Recovery College is a student-focused, multi-ethnic community of students and staff who will work closely together. It is important that they are able to do so with minimum disruption in a safe space.

Our vision is to provide a learning experience that is accessible to all, recognizing people and communities hold their own solutions. Through working together in partnership, everyone can realize their own unique potential. The student Code of Conduct has been designed to enable us to realize that vision.

Recovery College expects all students to:

- Show respect to all students and staff, not use offensive or racist language, never discriminate or harass others and not to wear logos or slogans that could be offensive to others
- To respect the wellbeing and property of the other members of the college
- To take an active part in your own learning and use the resources made available to you
- To give us information that we need to support your enrolment
- To refrain from using mobile phones during the session
- To attend courses punctually
- To take responsibility for your own learning and come to the session equipped to participate
- To communicate your wishes as to how we can support your wellbeing whilst attending sessions
- To advise us of things that may be preventing you from getting the most out of your learning experience
- To refrain from the use of alcohol and illicit substances while attending the Recovery College
- To actively communicate if/when you are unable to attend a session

I confirm that I have read and agree to abide with the Recovery College Student Code of Conduct

STUDENT SIGNATURE: _____

PART 3 – Safety Plan*

A safety plan helps us to identify and provide additional support for any particular difficulties (e.g. panic attacks, low mood) that could affect your learning experience with the Recovery College. The information you provide will assist facilitators in creating a safe and nurturing environment for you to reach your full potential. This section is optional.

OPT OUT (Go to Part 4)

OPT IN (Complete below questions)

What is the difficulty that you are experiencing or could experience?

What actions have you taken to help manage this difficulty in previous situations?

What has worked?

What has not worked?

How will you communicate to the Recovery College staff that you require additional support, in and outside of a course?

Contingency Plan: During times of crisis, what would you find useful to ensure your safety and wellbeing?

• Call emergency contact

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-
-
-

STUDENT SIGNATURE:

DATE:

PART 4 – Equality and Diversity Monitoring*

As a public service we are required to collect demographic information to ensure our student population is representative of the population that we serve. Please help us by completing these details. The information you provide will be kept confidential, and your identity will be anonymised when reports are produced. The completion of this section is optional. **If you would prefer not to answer any question, please leave that question blank**

Gender
<input type="checkbox"/> Male <input type="checkbox"/> Female
Is this same gender that you were given at birth?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual orientation
<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian
<input type="checkbox"/> Heterosexual <input type="checkbox"/> Other
Marital status
<input type="checkbox"/> Single <input type="checkbox"/> Married
<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
<input type="checkbox"/> Legally separated <input type="checkbox"/> Civil partnership
<input type="checkbox"/> Other
Age range
<input type="checkbox"/> 18-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-45
<input type="checkbox"/> 46-55 <input type="checkbox"/> 56-65 <input type="checkbox"/> 65+
Faiths / Beliefs
<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity
<input type="checkbox"/> Jainism <input type="checkbox"/> Judaism <input type="checkbox"/> Hinduism
<input type="checkbox"/> Islam <input type="checkbox"/> Sikhism <input type="checkbox"/> Other
Employment status
<input type="checkbox"/> Full time <input type="checkbox"/> Part time
<input type="checkbox"/> Self employed <input type="checkbox"/> Unemployed
<input type="checkbox"/> Unable to work <input type="checkbox"/> Student
<input type="checkbox"/> Retired <input type="checkbox"/> Other
Have you or are you currently serving in the Armed Forces?
<input type="checkbox"/> Yes <input type="checkbox"/> No

Ethnic group
<input type="checkbox"/> White British <input type="checkbox"/> Asian/Other Asian
<input type="checkbox"/> White Irish <input type="checkbox"/> Black/Black Caribbean
<input type="checkbox"/> White Other <input type="checkbox"/> Black/Black African
<input type="checkbox"/> Mixed White/Black Caribbean
<input type="checkbox"/> Mixed White/Black African
<input type="checkbox"/> Mixed White/Asian <input type="checkbox"/> Black/Other Black
<input type="checkbox"/> Asian/Indian <input type="checkbox"/> Chinese
<input type="checkbox"/> Asian/Pakistani <input type="checkbox"/> Other Ethnic Group
<input type="checkbox"/> Asian/Bangladeshi <input type="checkbox"/> Gypsies & Travelers
<input type="checkbox"/> Other
Do you consider yourself to have a disability?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please select all that apply:
<input type="checkbox"/> Physical impairment <input type="checkbox"/> Sensory impairment
<input type="checkbox"/> Mental health condition
<input type="checkbox"/> Learning disability/difficulty
<input type="checkbox"/> Long standing illness <input type="checkbox"/> Other
Do you have caring responsibilities?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please select all that apply:
<input type="checkbox"/> Primary carer of child/children
<input type="checkbox"/> Primary carer of disabled child/children
<input type="checkbox"/> Primary carer of disabled adult/adults
<input type="checkbox"/> Primary carer of older persons/people
<input type="checkbox"/> Secondary Carer <input type="checkbox"/> Other

Please return your completed form to:

Recovery College
Theta Building
Lyon Way
Frimley
Surrey
GU16 7ER

Please check and use the correct postage. Any forms sent to us without the correct postage will be delayed or may not reach us.

For more information about the Recovery College or if you have any questions please contact us using the details below:

Telephone: **01276 454150**

E-mail: **recovery.college@sabp.nhs.uk**

Facebook Find us at **[NE Hants/Farnham & Surrey Recovery College](#)**. We post course updates as well as other information on this page