

WHST Recovery College Enrolment Form

Title: (Mr/Mrs/Miss/Ms)		Forename:		Surname:	
Address:				Town:	
County:				Post Code:	
Telephone No:		Mobile No:		Email:	
Date of Birth:		Gender (Please tick):		Male <input type="checkbox"/>	Female <input type="checkbox"/>
				Non-defined <input type="checkbox"/>	
Please indicate your preferred method of contact (Please tick):			Email: <input type="checkbox"/>	Mobile: <input type="checkbox"/>	Post: <input type="checkbox"/>
WHICH COURSES DO YOU WISH TO ATTEND?					
Course Title				Date	
PLEASE TELL US WHETHER YOU ARE: (Please TICK)					
Person with Lived Experience <input type="checkbox"/>		Health Professional: <input type="checkbox"/>		Private Sector Staff: <input type="checkbox"/>	
Community Voluntary Staff: <input type="checkbox"/>		Carer (including family & friends): <input type="checkbox"/>		Public Sector Staff: <input type="checkbox"/>	
				Prefer not to say: <input type="checkbox"/>	
HOW DID YOU HEAR ABOUT THE RECOVERY COLLEGE (PLEASE TICK)					
GP <input type="checkbox"/>	Health Professional <input type="checkbox"/>	Community/Voluntary Service <input type="checkbox"/>	Social Media <input type="checkbox"/>	Family/Friends <input type="checkbox"/>	Leaflet/Poster /Prospectus <input type="checkbox"/>
Please also let us know if there any reasonable adjustments (ie. disability related) required in facilitating your attendance. We will make every effort to support your needs.					
PLEASE NOTE: Under the GDPR Legislation, May 2018, by enrolling with the WHST Recovery College you are agreeing to us holding your personal information. It will be securely disposed of after ten years and not used for any other reason other than for the purpose of running the College.					
Signature:		Date:		Please return completed forms by post to: Recovery College Enrolment, Lisnamallard, 5b Woodside Avenue, Omagh, Co. Tyrone, BT79 7BP	