

Belfast Recovery College Enrolment Form

Title: (Mr/Mrs/Miss/Ms)		Forename:		Surname:	
Address:				Town:	
Address type:	Work: <input type="checkbox"/>	Residential: <input type="checkbox"/>	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"/>		Other NHS Staff: <input type="checkbox"/>	
				Public Sector Staff: <input type="checkbox"/> <small>(Civil Service, Education, Fire Service etc.)</small>	
Community Voluntary Staff: <input type="checkbox"/>		Private Sector Staff: <input type="checkbox"/>		Carer/Supporter (incl. family/friends): <input type="checkbox"/>	
				Prefer not to say: <input type="checkbox"/>	
HOW DID YOU HEAR ABOUT THE Belfast Recovery College					
GP <input type="checkbox"/>		Community/Voluntary Service <input type="checkbox"/>		Family/Friends <input type="checkbox"/>	
				Information Session: <input type="checkbox"/>	
Health Professional <input type="checkbox"/>		Social Media <input type="checkbox"/>		Leaflet/Poster /Prospectus <input type="checkbox"/>	
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, which 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 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 Phone: 028 9504 3059	

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

For Office Use Only			
Check if already on database <input type="checkbox"/>	Added to Database <input type="checkbox"/>	Added to Course List <input type="checkbox"/>	Added to Distribution List <input type="checkbox"/>
Confirmation Email <input type="checkbox"/>	Equality & diversity form <input type="checkbox"/>		
Student Number _____			