



# Bedfordshire & Luton Recovery College Enrolment Form

**Please use BLOCK CAPITALS. To enrol for a course, or courses, please complete all sections.**  
If you need help to complete this form please contact us, using the contact details on the last page.

## 1. Your contact details

Title:	First name:	Last name:
Date of birth:		
Address:		
Town:	County:	Postcode:
Mobile phone: .....	Home phone: .....	
May we leave a message? Yes <input type="checkbox"/> No <input type="checkbox"/>	May we leave a message? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Email address: .....		
Would you like to be emailed when a new prospectus is out? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Would you like to be added to our email list to receive regular updates and news about our courses? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Preferred contact method ( <b>please tick one</b> ):		
Email <input type="checkbox"/> Call to Mobile <input type="checkbox"/> Call to home phone <input type="checkbox"/> Text/SMS <input type="checkbox"/> Post <input type="checkbox"/>		
We will contact you using your preferred method of contact however if we need to contact you by another method, for example in an emergency, we will use the other contact details you have provided.		
How would you like to be sent the links for online courses you choose and to receive reminders? Choose one option:		
Email <input type="checkbox"/> Text/SMS <input type="checkbox"/>		
In order for you to join courses we need to be able to send you the links by email or text/SMS.		
What is your connection with Bedfordshire & Luton Recovery College?		
Work in Bedfordshire <input type="checkbox"/> Live in Bedfordshire <input type="checkbox"/> Student in Bedfordshire <input type="checkbox"/> ELFT Volunteer or Employee <input type="checkbox"/>		

## 2. Emergency contact information

Title:	First name:	Last name:
Phone number:	Relationship to you:	

## 3. Courses

Courses	Course date(s)

**Your preferred location for attending courses:** .....

Please tick other suitable locations:

- Ampthill  Bedford  Biggleswade  Dunstable  Flitwick  Houghton Regis  Leighton Buzzard   
 Luton  Sandy  Stotfold  Zoom

## 4 Your support needs and special requirements

<b>Support needs:</b> Please help us to identify your support needs by giving us a brief description of the challenges you have faced or may be addressing through current contact with mental health services.	
Support worker name:	
Support worker email:	Support worker phone:
<b>Special requirements:</b> Please tell us if you have any special requirements (e.g. interpreter) or access needs (e.g. mobility) that we may pass onto course trainers before you attend.	
Have you or your partner been a member of the UK armed forces? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Services you access: Please tick the boxes for any statements that apply to you:**  
 Services provided by East London NHS Foundation Trust (ELFT)  Community Mental Health Team (CMHT)   
 Triage Assessment and Brief Interventions (TABI)  Inpatient/Acute Wards  Older Persons' Service   
 Learning Disability  Primary Liaison Service  Crisis Team  MIND   
 Lighthouse  Pathway to Recovery (P2R)  Resolutions  Other mental health services   
 Please provide details.....  
 I am a carer  I work for ELFT or a partner organisation  Other  Please provide details.....

**Individual Learning Plan (ILP):** Would you like an individual learning plan? Yes  No   
 This will involve a session where we go through short-term objectives and help you create learning opportunities to achieve your goals.

**Primarily, in what role will you be using the Recovery College?**  
 Student  Tutor  Support worker  Carer  Interpreter  Professional staff   
**Do you belong to another group as well?**  
 Student  Tutor  Support worker  Carer  Interpreter  Professional staff

**How did you hear about The Recovery College? Please tick:**  
 Advert  I walked into your premises  Referral from ELFT  Referral from GP  Referral from other organisation   
 Please tell us which organisation ..... Social media  ELFT Website   
 Word of mouth  Other  Please provide details: .....

## 5. Equal opportunities monitoring

<b>Gender identity</b>				
Female <input type="checkbox"/>	Male <input type="checkbox"/>	Non-binary <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	
Identify in another way <input type="checkbox"/>	Please provide details if so.			
<b>Do you identify as trans?</b>				
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>		
<b>Age group</b>				
17-25 <input type="checkbox"/>	26-35 <input type="checkbox"/>	35-45 <input type="checkbox"/>	46-59 <input type="checkbox"/>	60+ <input type="checkbox"/>
<b>Marital status</b>				
Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widow <input type="checkbox"/>	
Civil Partnership <input type="checkbox"/>	Living with Partner <input type="checkbox"/>	Other <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	
<b>Which of the following options best describes how you think of yourself?</b>				
Heterosexual or Straight <input type="checkbox"/>	Gay or Lesbian <input type="checkbox"/>	Bisexual <input type="checkbox"/>	Other sexual orientation not listed <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>
<b>Ethnicity</b>				
White British <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	
White Irish <input type="checkbox"/>	White & black Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>	Black African <input type="checkbox"/>	
Gypsy, Roma <input type="checkbox"/>	White & black African <input type="checkbox"/>	Indian <input type="checkbox"/>	Other black Background <input type="checkbox"/>	
Other white background <input type="checkbox"/>	Other mixed or multiple background <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Other <input type="checkbox"/>	
Other Asian background <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>			

## 6. Confidentiality and our promise to you

Attendees of all our courses are expected to:

- maintain the privacy and confidentiality of other attendees;
- not use mobile phones, computers or recording devices during sessions (unless agreed prior to the day);
- inform us as soon as possible if they are unable to attend.

In return the Recovery College will:

- ensure the data you have provided us above is kept within GDPR regulations. Your personal data will not be shared outside of the Recovery College without your consent; with the exception of if we have concerns about your wellbeing. In all cases our primary aim will be to obtain your permission first;
- offer courses FREE (or at very low cost);
- involve our service users in the development of our college wherever possible.

**By submitting this form, you are confirming that you have read and understand how your information will be stored / shared by the Recovery College.**

Signature ..... Date .....

Thank you for completing this form. **Please email your completed form to: [elft.recoverycollege@nhs.net](mailto:elft.recoverycollege@nhs.net) or post it to: Recovery College, 3 Woburn Road, Bedford MK40 1EG. Telephone: 01234 263621**  
 Recovery College, Luton Central Library, 2<sup>nd</sup> Floor, St George's Square, Luton LU1 2NG. Telephone: 01582 708917