|  |  |
| --- | --- |
| **Forename:** |  |
| **Surname:** |  |
| **Date of birth:** |  | **Prefer not to say:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone/s:** |  |
| **Email:** |  |

**How would you prefer to be contacted?** (Please insert tick below)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Email** |  | **Post** |  | **Telephone**  |  | **Text** |  |

**Are there any additional educational support needs you would like us to be aware of?**

(E.g. caring responsibilities, disabilities, dyslexia, other learning support needs etc.)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Physical** |  | **Sensory** |  | **Learning support needs e.g. Dyslexia** |  | **Learning disability** |  | **Other** |  |

**If you have selected any of the above, please provide details below.**

**\**

**Person to contact in case of an emergency**

|  |  |
| --- | --- |
| **Name**  |  |
| **Contact Number**  |  |
| **Relationship to you** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes**  |  | **No** |  |

 **Are you a resident of Tower Hamlets?**

**What is your connection to mental health in Tower Hamlets?**

**□ Service User □ Friend □ Trainee/Student □ Carer**

**□ Family Member □ NHS Staff □ Other Staff □ None**

**How did you hear about the Recovery College?** (Please insert tick below)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Recovery College Email**  |  | **Trust Website**  |  | **Inspire** |  |
| **ELFT Service** |  | **In the Know Website**  |  | **Staff Member**  |  |
| **Friend/Family** |  | **Inpatient Service**  |  | **Other** |  |
| **GP Practice**  |  | **Community Catalogue** |  |  |

**Would you like to take things further by supporting and developing the college?**

(Please insert tick below)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tutor** | **Volunteer**  | **Focus Group** | **Individual Learning Plan Mentor** | **Other**  |
|  |  |  |  |  |

**To ensure that we meet people’s needs and treat everybody fairly, in line with The Equality Act 2010 we would like you tell us a bit more about yourself.**

**Gender** (Please insert tick below)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Male**  |  | **Female**  |  | **Trans**  |  | **Prefer not to say** |  |

**Ethnicity** (Please insert tick below)

|  |  |  |
| --- | --- | --- |
| **Asian or Asian British:** | **Black or Black British:** | **White or White British:** |
| Bangladeshi  |  | African  |  | British |  |
| Pakistani  |  | Somali |  | Irish |  |
| Indian |  | Caribbean |  | Irish Traveller |  |
| Other Asian Background |  | Other Black Background  |  | Gypsy/Roma |  |
| **Mixed/Dual Heritage:** | **Other Ethnic Groups:** | Other White Background  |  |
| White & Black Caribbean |  | Vietnamese |  |  |  |
| White & Black African |  | Chinese |  |
| White & Black Asian |  | Any Other |  |
| Other Mixed Background |  | Prefer not to say  |  |

**Religion** (please insert tick below)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Jewish**  |  | **Muslim**  |  | **Other Religious Beliefs**  |  |
| **Christian** |  | **Sikh**  |  | **Prefer not to say** |  |
| **Hindu** |  | **No Religion** |  |  |

**Marital Status** (please insert tick below)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Married** |  | **Single** |  | **Prefer not to say** |  |
| **Divorced** |  | **Widowed** |  |  |
| **Legally Separated**  |  | **Civil Partnership** |  |

**Sexual Orientation** (please insert tick below)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Heterosexual**  |  | **Bisexual**  |  | **Lesbian**  |  | **Gay** |  | **Prefer not to say**  |  |

**Pregnancy & Maternity** (please insert tick below)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Pregnant** |  | **On Maternity** |  | **26 Weeks after giving birth** |  | **Not Pregnant** |  | **Prefer not to say** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes**  |  | **No** |  |

**Do you consider yourself to be disabled?**

**What do we mean by a disability?**

The Disability Discrimination Act defines disability as 'a physical or mental impairment with long term, substantial effects on ability to perform day to day activities

**Employment Status** (please insert tick below)

|  |  |  |  |
| --- | --- | --- | --- |
| **Employed (Full Time)** |  | **Employed (Part Time)** |  |
| **Self Employed (Full Time)** |  | **Self Employed (Part Time)** |  |
| **Student (Full Time)** |  | **Student (Part Time)** |  |
| **Unwaged (Seeking Work)** |  | **Unwaged (Not Seeking Work)**  |  |
| **Retired** |  | **Not Specified** |  |
| **Volunteer** |  |  |

|  |
| --- |
|  **Students Signature** **Date** |