**Brighton & Hove Recovery College Enrolment Form**

**This term we will be running a variety of face to face and online courses and workshops.**

**Our Peer Tutors will be facilitating all online courses and workshops at the Recovery College via Teams. For more information please see the ‘Buddy Service’ section in the Prospectus.**

**The deadline for enrolment forms is Monday 13th May ‘24**

Enrolments after this date will be accepted however students will be more likely to be placed on a waiting list for their preferred dates/workshops.

**Please email your form to:** [recoverycollege@southdown.org](mailto:recoverycollege@southdown.org)  
  
**Or post to:** Brighton and Hove Recovery College, Ground Floor, Frederick House, 42 Frederick Place, Brighton, East Sussex, BN1 4EA

**Any personal information you share with Southdown will be kept secure and used in line with the General Data Protection Regulation (GDPR). It will only be looked at and used to help make sure we give you an effective service.**

**Some information may be shared with other support agencies to help you access further services and make sure the services you get are right for you. We can share your information without your permission if we are concerned about your safety or the safety of others, or where we are required to by law.**

**You can withdraw or change your agreement for Southdown to hold or process your personal information at any time. You can also ask to see the information Southdown holds about you. More information about how Southdown stores and uses your data is available on our website www.southdown.org or we can send you a leaflet if you would prefer.**

**IMPORTANT: By completing & signing this form you are agreeing to the above statement**

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| **1. PERSONAL AND CONTACT DETAILS** | | | | | | | |
| Full Name |  | | | | | | |
| Date of Birth |  | | | | | | |
| Current Address |  | | | | | Postcode | |
| **Your Other Contact Details (please only complete if you are happy for us to contact you via these methods. If left blank we will write to you)** | | | | | | | |
| Telephone | Landline: Can we leave a message?  Yes  / No | | | | Mobile: Can we leave a message?  Yes  / No | | |
| Email Address |  | | | | | | |
| Preferred Method of Communication | Landline: Yes  / No  Email: Yes  / No  Mobile: Yes  / No  Other: | | | | | | |
| Emergency Contact: Name & Telephone Number |  | | | | | | |
| **2. DISABILITIES AND OTHER DIFFICULTIES** *(tick as many boxes as needed)* | | | | | | | |
| ***This information will be used to help us make reasonable adjustments to support you and help to make the course more accessible for you. Please also specify the condition(s) or difficulties and give details on how your access to the classroom environment and to learning might be affected.*** | | | | | | | |
| Learning Disabilities (Please specify and give details) | | |  | Autism or Asperger’s Syndrome (Please give details on how we can support your sensory and emotional needs) | | |  |
| Learning Support Needs (e.g. dyslexia, dyspraxia, dyscalculia)  (Please specify and give details) | | |  | Emotional / Behavioural Difficulties (Please specify and give details) | | |  |
| Physical Disabilities (Please specify and give details) | | |  | Longstanding illness (Please specify and give details) | | |  |
| Sensory Impairment (Please specify and give details) | | Hearing |  | Dementia | | |  |
| Sight |  | Wheelchair User | | |  |
| Mental Health Support Needs (Please specify and give details) | | |  | Other Disability and / or special requirement or need (e.g. asthma, epilepsy, diabetes) - please specify: | | |  |

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| **3. ADDITIONAL INFORMATION** | | | | | |
| Will you require an interpreter or signer? | | YES | | NO | |
| If YES, please give more details: |  | | | | |
| Is there any additional information you would like to share that will help you to engage with your learning? | | | YES | | NO |
| If YES, please give more details: | | | | | |

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| **Please tick this box if you would like to be added to the Recovery College mailing list. We will send you new prospectuses and invites to Open Days, as well as newsletters and invitations to events organised by the Students’ Union.** |  |

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| **4. ABOUT YOU** | | | | |
| ***Brighton and Hove Recovery College is for people with mental health challenges, their relatives, friends and carers, and the staff of our partner organisations.*** | | | | |
| Are you living with a mental health condition? | | | YES | NO |
| Do you have support for your mental health condition? | | | YES | NO |
| Psychiatrist | GP | Care Co-ordinator | Other (please state) | |
| Are you a carer for someone with a mental health condition? | | | YES | NO |
| Are you a friend/family member of someone with a mental health condition? | | | YES | NO |
| Are you a volunteer or staff member working in mental health? | | | YES | NO |
| Are you a new student? | | | YES | NO |

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| **5. COURSE DETAILS**  **You may choose up to three courses or workshops or a combination of both. If we are running the same workshop more than once please put down which workshop and specific date you would like to attend. Please place your choices in order of preference.**  **Please note, you may be placed on a waiting list for oversubscribed courses or workshops.** | | |
|  | Course/Workshop Title | Start Date |
| Preference 1 |  |  |
| Preference 2 |  |  |
| Preference 3 |  |  |

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| **6. WELCOME SESSIONS** | |
| We would like to encourage **everyone** that signs up for a course or workshop to attend one of our new look Welcome Sessions which will be running in the first week of term. These face to face sessions will provide an informal opportunity to meet with Recovery College staff, have a coffee and a chat and ask any questions you might have. It also provides an opportunity to discuss any additional information that will help you to engage with your learning. This enables tutors to plan accordingly for the needs of the group. | |
| Please tick this box if you would like to attend a Welcome Session  Invites to welcome sessions will be sent out along with course notifications |  |

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| **8. STUDENTS’ UNION** | |
| When you register for a Recovery College course, you can also enrol in our Students’ Union. If you wish to be part of the Students’ Union please tick this box. Please see our prospectus or website for details. |  |

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| **9. PEER BUDDIES** | |
| ***We have a small team of trained Buddies who can support you to attend your courses and workshops.*** | |
| Please tick this box if you require a Buddy.  *(If you are not sure please tick and we will contact you to discuss your needs)* |  |

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| **10. RESEARCH** | | |
| I am happy for my contact details to be shared with Sussex Partnership NHS Foundation Trust so they can contact me for research or evaluation purpose | YES | NO |
| **Signature:** | **Date:** | |

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| **About You: Equalities Monitoring Form**  The reason why we ask you these questions is so we can:   * Make our council services open to everyone in the city. * Treat everyone fairly and appropriately when they use our services. * In consultations, make sure that we have views from all across the city.   The Equality Act 2010 makes these aims part of our legal duties. Your answers help us check that we have met the law and help improve our services. We will only use them to make services better. Information from forms is combined so you cannot be identified.  A **short guide** to these questions is available. Please ask if you would like it. You can also ask for a  large-print version. Call 01273 749500 | | | | | | | |
| **1. What age are you?** | | | …………………..years  Prefer not to say | | | | |
| **2. What gender are you?** | | | Male  Female  Other - please state ………………  Prefer not to say | | | | |
| **3. Do you identify as the sex you were assigned at birth?**  **For people who are transgender, the sex they were assigned at birth is not the same as their own sense of their gender.** | | | Yes  No  Prefer not to say | | | | |
| **4. How would you describe your ethnic origin?** | | | | | | | |
| **White**  English/Welsh/Scottish/  Northern Irish/British  Irish  Gypsy or Irish Traveller  Any other White  background (please give  details)  …………………………………  **Asian or Asian British**  Bangladeshi  Indian  Pakistani  Chinese  Any other Asian  background (please give  details)  ………………………………… | | **Black or Black British**  African  Caribbean  Any other Black  background (please give  details)  …………………………………  **Mixed**  Asian & White  Black African & White  Black Caribbean & White  Any other mixed  background (please give  details)  ………………………………… | | | | | **Other Ethnic Group**  Arab  Any other ethnic group  (please give details)  …………………………………  Prefer not to say |
| **5. Which of the following best describes your sexual orientation?** | | | | | | | |
| Heterosexual/’Straight’  Lesbian  Gay  Bisexual | | | Other (please state)  ……………………………………………  Prefer not to say | | | | |
| **6. What is your religion or belief?** | | | | | | | |
| I have no particular religion  Buddhist  Christian  Hindu  Jain  Jewish | Muslim  Pagan  Sikh  Agnostic  Atheist | | | | | Other religion (please state)  ………………………………..  Other philosophical belief  (please state)  …………………………………  Prefer not to say | |
| **7a. Are your day-to-day activities limited because of a health problem or disability, which has lasted, or expected to last at least 12 months?** | | | | Yes a little  Yes a lot  No (do not answer 7b)  Prefer not to say (do not answer 7b) | | | |
| **7b. If ‘yes’, please state the type of impairment. If you have more than one please tick all that apply. If none apply, please mark ‘Other’ and write an answer in (examples are given in the short guide.)** | | | | | | | |
| Physical Impairment  Sensory Impairment  Learning Disability/Difficulty  Long-standing illness | | | | | Mental Health Condition  Autistic Spectrum  Other Developmental Condition  Other (please state) ………………………… | | |
| **8a. Are you a carer?**  A carer provides unpaid support to family or friends who are ill, frail, disabled or have mental health or substance misuse problems. | | | | | Yes  No (do not answer 8b)  Prefer not to say (do not answer 8b) | | |
| **8b. If ‘yes’, do you care for a………?** | | | | | Parent  Partner/spouse  Child with special needs  Friend  Other family member  Other (please give details)…………………. | | |
| **9. Armed Forces Service:**   * Have you ever served in the UK Armed Forces? | | | | | Yes  No  Prefer not to say | | |