Brighton & Hove Recovery College Enrolment Form

Autumn Term 2026: Mon 5th Oct – Fri 11th Dec

Enrolment period is from Wed 9th Sep – Friday Sep18th

1. PERSONAL AND CONTACT DETAILS			
Full Name			
Date of Birth			
Current Address		**Postcode**	
Telephone:	**Mobile**	**Landline**	
	Mobile: Can we leave a message? Yes ☐ / No ☐	Landline: 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 & Contact 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 of any requirements)		☐	Autism Spectrum (please give details on how we can support any sensory or emotional needs)	☐
Learning Support Needs (e.g. dyslexia, dyspraxia, dyscalculia) (please specify and give details of any requirements)		☐	Emotional / Behavioural Difficulties: (please specify and give details of any requirements)	☐
Physical Disabilities or Health Conditions (e.g. asthma, epilepsy, diabetes) - please specify any support you may need)		☐	Longstanding illness: (please specify and give details of any support needs)	☐
Sensory Impairment (please specify and give details of any requirements)	Hearing	☐	Dementia	☐
	Sight	☐	Wheelchair User	☐

Mental Health Support Needs (Please specify and give details of any support needs)	☐	Other Neuro-diversities (please specify and give details of any requirements:)	☐

3. ADDITIONAL INFORMATION		
Will you require an interpreter or signer during courses or workshops?	YES ☐	NO ☐
If YES, please give more details:		
Is there any additional information that will help you to engage with your learning?	YES ☐	NO ☐
If YES, please give more details:		

We would like to add your email to our Recovery College mailing list in order to invite you to events such as Peer led 'Pop Ups, student gatherings and future open days. If you prefer NOT to be contacted about any of these opportunities please tick the box.	☐

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 ☐

5. COURSE & WORKSHOP CHOICES

You can choose up to three courses or workshops or a combination of both from our main timetable. Please place your choices in order of preference. Please note, you may be placed on a waiting list for any courses or workshops which are oversubscribed.

N.B. All volunteer untutored peer-led sessions: Relaxed Art, Photography Group, Visualbiography, Life Admin and Seasonal Gathering are an additional student offer. To register your interest please email us separately: recovery.college@southdown.org

	Course/Workshop Title	Start Date
Preference 1		
Preference 2		

Preference 3		

6. WELCOME SESSIONS	
We would like to encourage all **new students** to come to one of our Welcome Sessions which will be running in the first week of term. This will allow you to complete your Individual Learning Plan (ILP) prior to the courses starting which will enable tutors to plan accordingly for the needs of the group. They are also an informal opportunity to meet with Recovery College staff, familiarise yourself with the college and our ethos.	
Please tick this box if you would be interested in attending a short Welcome Session	☐

7. PEER BUDDIES	
We have a small team of trained Buddies who have been students themselves available to assist you in any way; including moral support while you attend, or prepare to attend your courses or workshops.	
Please tick this box if you are interested in having a Buddy. *(If you are not sure please tick and we will contact you to discuss your needs)*	☐

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

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

Southdown

NHS
Sussex Partnership
NHS Foundation Trust

About You: Equalities Monitoring Form

The reason why we ask you these questions is so we can:

- Better understand who is using our service, and ensure we are reaching everyone across our communities.
- Treat everyone fairly and appropriately when they use our service.

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 <u>not</u> 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 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