



Enrolment Form

| Course title | Commencement date | <u>In-house or Online (Zoom)</u> <u>Please tick your preference below</u> | |
|--------------|-------------------|--|---|
| | | <u>In-house</u> <input type="checkbox"/> | <u>Online (Zoom)</u> <input type="checkbox"/> |
| | | <u>In-house</u> <input type="checkbox"/> | <u>Online (Zoom)</u> <input type="checkbox"/> |
| | | <u>In-house</u> <input type="checkbox"/> | <u>Online (Zoom)</u> <input type="checkbox"/> |
| | | <u>In-house</u> <input type="checkbox"/> | <u>Online (Zoom)</u> <input type="checkbox"/> |

PLEASE COMPLETE USING BLOCK CAPITAL LETTERS

| | | |
|---|--|--------------------------|
| Surname: | | |
| First name(s): | | |
| Address: | | |
| Telephone: | Mobile: | Home/Work: |
| Email: | | |
| Contact Details in Case of Emergency: | Name: | Number: |
| Where did you hear about the Recovery College? | | |
| Please tick the box that best describes you: | Service User/Lived Experience _____ | <input type="checkbox"/> |
| | Family Member/Carer _____ | <input type="checkbox"/> |
| | Service Provider (Area of Work) _____ | <input type="checkbox"/> |
| | Other (Please specify)/Prefer Not to Say _____ | <input type="checkbox"/> |
| All our workshops are based around discussion and group work. Pen and paper would be helpful to have to hand for participants. | | |

All our Workshops are free of charge.

Are you happy for us to contact you periodically by email, post or text about different events, workshops, surveys in relation to the Recovery College South East? (Please tick this box if yes.)

Student Signature: _____

Date: _____

"Recovery is moving on, achieving and learning, being the best and the best that I can be with confidence"
Mental Health Discussion Group, Clonmel 2013