

# HUMBER RECOVERY AND WELLBEING COLLEGE

The Humber Recovery and Wellbeing college welcomes people who have or have not lived experience of mental health conditions which includes staff, carers, members of the public and service users

Please complete both sides of this form in full (making sure it's legible) and return it to us using the methods at the bottom of this page. Thanks you.

Name:		Date of Birth:	
Telephone:	<i>Mobile</i>	<i>Home/Other</i>	
Email:			
Address:			Post Code:

## What courses are you interested in attending? (maximum of 3)

Course Title	Venue	Start Date
1.		
2.		
3.		

## Who is the best person to speak to in an emergency? This could be a relative, a friend or someone else who supports you.

Name and Relationship to you:	Telephone Number:
	<i>Preferably a mobile</i>

## Is there anything specific we need to know about to enable us to support you better?

This could be relevant information relating to emergency management of a health condition (e.g. epilepsy, diabetes, heart conditions, asthma) or about needs relating to access, such as ways to work with a learning need or mobility issues.

## How did you find out about the Recovery College? Or who signposted you to us?

I understand that by signing below I confirm that I am happy to **attend** the courses specified above and will take **full responsibility for my learning** (including contacting the office if I cannot attend a course/workshop), that I have completed the form in full using the **correct details** and that I agree to adhere to the Recovery College **Code of Conduct** in full. I understand that it is also my personal responsibility to **disclose** any relevant criminal history or other relevant information to the Recovery College during the enrolment process and prior to your first course/workshop starting. I understand that my details will not be shared to any third parties outside of the College and confirm that I am happy to be contacted by the Recovery College team in relation to the enrolment process and courses when required.

**Signed:**

**Date:**

Please return to:

**Recovery College, Trust HQ, Willerby Hill, Willerby, HU10 6ED** or email **hnf-tr.recoverycollege@nhs.net**. Feel free to ring **01482 389 124** to enquire on course availability before sending us your form. You will be contacted upon receipt of this form (via email) to confirm enrolment.



# Equality and Diversity Monitoring

It is really important to us to have an accurate understanding of who accesses the Humber Recovery College so we can help develop what we do, improve access and target new partners. These details will be used anonymously during our evaluation periods at the end of term. Thank you for completing it!

## What is your main language?

- English  Other (including sign languages) – please write:

## Racial Background (taken from the Census Categories 2011)

- | <u>White</u>   | <u>Mixed/Multiple ethnic groups</u>      | <u>Asian/ Asian British</u>          | <u>Black/ Black British</u>        | <u>Other ethnic group</u>   |
|--|--|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> British/English/Welsh/Scottish/Northern Irish | <input type="checkbox"/> Mixed Race      | <input type="checkbox"/> Indian      | <input type="checkbox"/> African   | <input type="checkbox"/> Arab   |
| <input type="checkbox"/> Irish   | <input type="checkbox"/> Mixed Caribbean | <input type="checkbox"/> Pakistani   | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Any other background not listed, please write: |
| <input type="checkbox"/> Eastern European                              | <input type="checkbox"/> Mixed African   | <input type="checkbox"/> Bangladeshi |                                    |   |
| <input type="checkbox"/> Gypsy/Irish Traveller                         | <input type="checkbox"/> Mixed Asian     | <input type="checkbox"/> Chinese     |                                    |   |
|  |  | <input type="checkbox"/> Japanese    |                                    | <input type="checkbox"/> I prefer not to say                            |

## Religion and Belief

- |                                      |                                 |                                   |   |
|--------------------------------------|---------------------------------|-----------------------------------|---|
| <input type="checkbox"/> No religion | <input type="checkbox"/> Sikh   | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Any other religion/belief, write in: |
| <input type="checkbox"/> Agnostic    | <input type="checkbox"/> Muslim | <input type="checkbox"/> Jewish   |   |
| <input type="checkbox"/> Christian   | <input type="checkbox"/> Hindu  | <input type="checkbox"/> Pagan    | <input type="checkbox"/> I prefer not to say                  |

## Disability – do you consider yourself to have any of the following?

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Mental Health Condition | <input type="checkbox"/> Cognitive Impairment | <input type="checkbox"/> Other Long Standing Condition | <input type="checkbox"/> I do not have a disability, or consider myself to have one |
| <input type="checkbox"/> Speech Impairment       | <input type="checkbox"/> Learning Disability  | <input type="checkbox"/> Other, please state:          | <input type="checkbox"/> I prefer not to say  |
| <input type="checkbox"/> Physical Impairment     | <input type="checkbox"/> Autism               |  |   |

## Sex, Gender

- |                                 |   |
|---------------------------------|---|
| <input type="checkbox"/> Male   | <input type="checkbox"/> Live in a gender other than that assigned at birth |
| <input type="checkbox"/> Female | <input type="checkbox"/> Non-Binary/Genderfluid                             |

## Sexual Orientation

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Other               |
| <input type="checkbox"/> Gay/Lesbian  | <input type="checkbox"/> I prefer not to say |
| <input type="checkbox"/> Bisexual     |  |

## Employment Status (tick all that apply)

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> F/t Employed  | <input type="checkbox"/> Unemployed, seeking work     | <input type="checkbox"/> F/t Student in education or training | <input type="checkbox"/> On an approved break from work/study due to illness |
| <input type="checkbox"/> P/t Employed  | <input type="checkbox"/> Unemployed, not seeking work | <input type="checkbox"/> P/t Student in education or training | <input type="checkbox"/> On any other approved break from work/study         |
| <input type="checkbox"/> Self-Employed |   | <input type="checkbox"/> Receiving Universal Credit           |  |
| <input type="checkbox"/> Homemaker     | <input type="checkbox"/> On maternity/paternity leave | <input type="checkbox"/> Receiving any other state benefits   |  |
| <input type="checkbox"/> Volunteer     |   |   |  |
| <input type="checkbox"/> Retired       |   |   |  |

## Caring Responsibilities

Do you currently care for a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support (whether you claim Carers Allowance or not)?

Yes  
 No

Have you or your partner had a baby in the last 12 months?

Yes  
 No

## Are you, or have you ever...

...served in the armed forces?

Yes, currently  
 Yes, previously  
 No

...been a member of the emergency services?

Yes, currently  
 Yes, previously  
 No

## Marriage and Civil Partnership

- |                                  |                                      |                                   |  |
|----------------------------------|--------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Single  | <input type="checkbox"/> Co-habiting | <input type="checkbox"/> Divorced | <input type="checkbox"/> In a same sex civil partnership |
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated   | <input type="checkbox"/> Widowed  | <input type="checkbox"/> I prefer not to say             |