

# Humber Recovery College Enrolment Form Winter 2019

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 5 per term*)

Course Title	Venue	Start Date
1.		
2.		
3.		
4.		
5.		

**Who is the best person to speak to in an emergency?**

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

**Is there anything else that you think it would be helpful for us to know about? What can we do to help your learning experience?** *E.g. health conditions, learning needs, mobility difficulties*

**How did you find out about the Recovery College?**

**Humber Recovery College Research Network** - If you are happy to take part in any of our research projects please indicate. I consent to be contacted for research purposes:  Yes  No

I have completed the form in full using correct details, agree to the Recovery College Code of Conduct and agree to being contacted by the team in relation to the courses when required:

Signed:		Date:	
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**Please return with £1 enrolment fee and any course material costs to:**  
 Recovery College, Trust HQ, Willerby Hill, Willerby, HU10 6ED or email  
[hnf-tr.recoverycollege@nhs.net](mailto: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 shortly (most likely 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 and improve the things we do as a team. 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)

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

## 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"/> Long Standing Illness | <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               |  |   |

## Gender/Sexual Orientation

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

## Caring Responsibilities

Do you currently look after 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 had a baby in the last 12 months?

Yes  No

## Employment Status (tick all that apply)

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Employed      | <input type="checkbox"/> Unemployed, seeking work     | <input type="checkbox"/> Full Time Student, in education or training | <input type="checkbox"/> Volunteer                        |
| <input type="checkbox"/> Self-Employed | <input type="checkbox"/> Unemployed, not seeking work | <input type="checkbox"/> Part Time Student, in education or training | <input type="checkbox"/> Retired                          |
| <input type="checkbox"/> Homemaker     |   |  | <input type="checkbox"/> On long-term disability benefits |

## 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             |