

Recovery Health and Wellbeing Academy Student Registration and Course Booking Form

Your details:

Title:		Surname:	
First Name:		Date of birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>(DD/MM/YYYY)</small>	
Address: <small>(if GMW staff, please give your place of work)</small>			
<hr/> <hr/> <hr/> <hr/>			
Postcode:		Email address:	
Telephone number:		Mobile number:	

Background information*

*Please note, this information is for monitoring purposes only, so we can monitor if the Academy is being used equally by professionals, service users and their family/carers. Additionally, it is used by the Research Team for people who have agreed to receive a research study pack for the Recovery Academy research project. The information will be kept confidential.

Please indicate whether you are:

Someone who uses GMW services	<input type="checkbox"/> <small>(please tick)</small>	Name of the service(s) you access:	
Someone who has used GMW services in the past	<input type="checkbox"/> <small>(please tick)</small>	Name of the service(s) you were linked to:	
A supporter, friend, family member or carer of someone who uses our services, or has used our services in the past	<input type="checkbox"/> <small>(please tick)</small>	Name of the service(s) your loved one is/was linked to:	
Professional	<input type="checkbox"/> <small>(please tick)</small>	Job title:	Service:
Other: <small>(please give details)</small>			
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Chosen course(s):

Course title:	Date:
Course title:	Date:
Course title:	Date:
Course title:	Date:

Special Requirements:

Do you have any special requirements that you think we should be aware of e.g. special needs, large print course materials, disabled access, requirement for one to one support to help to define long term goals? Please specify:

Would you like to receive a 'research study pack' which will give you information about the Recovery Academy research project? (see page 10 for more info)

Yes, I would like to be sent a research study pack and I am happy for the research team to use the contact details I have given <input type="checkbox"/> (please tick)	No, I am not interested in receiving a research study pack <input type="checkbox"/> (please tick)
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Contact preferences:

We'd like to be able to contact you about our activities. We promise we won't bombard you!
Please tick if you are happy for us to use your details to contact you with information directly from the Recovery Academy:

Yes <input type="checkbox"/> (please tick)	No <input type="checkbox"/> (please tick)
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What method of communication can we use to contact you?

Email <input type="checkbox"/> (please tick)	Post <input type="checkbox"/> (please tick)	Phone <input type="checkbox"/> (please tick)	Any of those listed <input type="checkbox"/> (please tick)
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The Recovery Academy is committed to protecting your privacy. The data that you have supplied above will be used by the Recovery Academy to keep you up to date with news, information on courses and events and special activities which we think will be of interest to you. The Recovery Academy will not share this information with any other company or institution without your consent. You can unsubscribe at any time.

Please sign, print and date prior to returning this form to us

Signed:	Print Name:
	Date:

Please return this form to: Recovery Academy, Greater Manchester West Mental Health NHS Foundation Trust, Harrop House, Bury New Road, Prestwich, Manchester M25 3BL.