

Wokingham Recovery College - Registration Form



This form is to be completed by or with the individual wishing to become a student, this is not a referral form. Contact us if you need support completing the form. **Please complete in BLOCK CAPITALS. Make selections by highlighting or deleting as appropriate.**

***mandatory fields**

***First Name:**

***Please tell us if you have any special requirements or access needs e.g. mobility scooter, walking aid**

***Surname:**

***Date of Birth:**

***Address:**

*** Any additional learning needs e.g. dyslexia**

***Contact number:**

***E-mail address:**

Age Group

Gender

18 – 25

Male

26 – 35

Female

36 – 45

Transgender

46 – 59

Other

60+

Prefer not to say

Prefer not to say

*Emergency contact details

Name:

Relationship to you:

Contact number:

How did you hear about us?

- Community Mental Health Team
- GP
- Online
- Saw a prospectus
- Friend/family
- Leaflet
- Another student
- Other (please state)

What category best describes your ethnicity?

- White
- Black, African, Caribbean or Black British
- Mixed or multiple ethnic groups
- Asian or Asian British
- Other
- Prefer not to say

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Please select which courses, workshops or activities you are interested in. If you need support to decide, let us know and we can help.

Wellbeing <ul style="list-style-type: none"><input type="checkbox"/> Managing Anxiety<input type="checkbox"/> Managing Low Mood<input type="checkbox"/> Understanding Emotions<input type="checkbox"/> Being Kind to Ourselves<input type="checkbox"/> Improving Self-Esteem<input type="checkbox"/> Understanding Psychosis<input type="checkbox"/> Hearing Voices Group<input type="checkbox"/> Family & Friends Support Group<input type="checkbox"/> Recovering Together<input type="checkbox"/> Living a Stress Less Life<input type="checkbox"/> Becoming More Resilient<input type="checkbox"/> Music & the Mind<input type="checkbox"/> Tree of Life	Life Skills <ul style="list-style-type: none"><input type="checkbox"/> Food & Mood<input type="checkbox"/> Money Matters<input type="checkbox"/> Healthy Sleep Habits<input type="checkbox"/> Be More Assertive<input type="checkbox"/> Introduction to Mindfulness<input type="checkbox"/> Mindfulness for Wellbeing<input type="checkbox"/> Decluttering for Mental Health
Creativity <ul style="list-style-type: none"><input type="checkbox"/> Drawing Techniques<input type="checkbox"/> Write for Life<input type="checkbox"/> Creating Collage<input type="checkbox"/> Crafty Creations	Next Steps <ul style="list-style-type: none"><input type="checkbox"/> What Is Supported Employment<input type="checkbox"/> Exploring Skills & Abilities<input type="checkbox"/> Building Positive Impressions<input type="checkbox"/> Finding the Right Job<input type="checkbox"/> Next Steps to Employment<input type="checkbox"/> Volunteer Peer Trainer Training

By submitting your registration form, you are consenting to The Recovery College using your email address in the following ways: sending invitations to courses, confirmation of course bookings and venue information. Periodically we send emails and correspondence relating to upcoming courses, course changes, focus groups, copies of the prospectus, course timetables and any voluntary opportunities at the College. For further information about how we store and share your information, contact the College on 01189 890707.

I can confirm that I have read the information sharing section and would like to submit my registration.

- Please mark this box if you would like to receive reminders for courses via text message.
- Please mark this box if you would like to be involved in our 'Have Your Say' sessions.

Signature: _____

Date: _____

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We collect responses to the following survey as part of our review and evaluation of the service. **We require completion of this form at registration and at intervals throughout your time with the College.** If you have any further questions about how we use this data, please get in touch.

The Short Warwick–Edinburgh Mental Well-being Scale (SWEMWBS)

Below are some statements about feelings and thoughts.

Please select the box that best describes your experience of each over the last 2 weeks.

Statements	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5