

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.

***mandatory fields**

Before completing a registration form, please note that you are accepting and understanding the following:

- All support will be delivered in groups
- The service offers psychoeducational sessions (teaching you about wellbeing and self-help strategies for improving wellbeing)
- The service does not provide therapy
- The service does not provide clinical treatment or advice
- The service does not provide crisis support

*First name	
*Surname	
*Date of Birth	
*Address	
*E-mail	
*Contact number	
<u>Emergency contact details</u>	
*Name	
*Relationship to you	
*Contact number	
Details of access needs (e.g. mobility aids)	
Details of learning needs (e.g. dyslexia, ADHD)	

How did you hear about us?	<input type="checkbox"/> Community Mental Health Team <input type="checkbox"/> GP <input type="checkbox"/> Online <input type="checkbox"/> Saw a prospectus <input type="checkbox"/> Friend/family <input type="checkbox"/> Leaflet <input type="checkbox"/> Other (please state)
What category best describes your ethnicity?	<input type="checkbox"/> White <input type="checkbox"/> Black, African, Caribbean or Black British <input type="checkbox"/> Mixed or multiple ethnic groups <input type="checkbox"/> Asian or Asian British <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say
Age group	<input type="checkbox"/> 18 – 24 <input type="checkbox"/> 25 – 34 <input type="checkbox"/> 35 – 44 <input type="checkbox"/> 45 – 54 <input type="checkbox"/> 55 – 59 <input type="checkbox"/> 60+
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say

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: _____

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