

# leadership course

# enrolment form

First Name

Last Name

Date of Birth

Address

Post  
Code

Phone

Mobile

Email

Please  
tick one

SLaM Service User

SLaM Peer Supporter

SLaM Supporter

SLaM Involvement Register

SLaM Volunteer

SLaM Staff Member

Your bookings will be confirmed by  
email or post. Please tick which you  
would prefer:

Email

Post

Emergency contact details:

Name

Phone  
Number

If you are a service user, volunteer or peer supporter please let us know the details of your main contact at SLaM:

Contact  
Name

Team, Dept  
CMHT etc.

If you are a supporter (carer, family member or friend) please let us know the name of the person you care for and the details of their main contact at SLaM:

Name of the person you care for

Contact  
Name

Team, Dept  
CMHT etc.

If you are a SLaM employee, please tell us the details of your team/department and your Clinical Academic Group:

Team

CAG

Enter the course or workshop title, start date (DD/MM/YY) and venue:

Course 1

Date

Venue

Course 2

Date

Venue

Course 3

Date Venue

Course 4

Date Venue

Course 5

Date Venue

Course 6

Date Venue

Course 7

Date Venue

Course 8

Date Venue

Course 9

Date Venue

Course 10

Date Venue

Please let us know of any difficulty which may make it hard for you to attend, or fully benefit from, any of the courses:

# equality and diversity monitoring

We want everyone to be able to access and benefit from the Recovery College fairly and equally. Answering the next set of questions will help us understand if we are doing this. The information you give will be kept confidential and will only ever be used in an anonymised form to help us audit the value, inclusiveness and accessibility of our courses.

***If you would prefer not to answer any question, please leave that section blank.***

## What is your gender?

Male  
Female

## Is this the same gender that you were given at birth?

Yes  
No

## What is your sexual orientation?

Bisexual  
Heterosexual/straight  
Lesbian/Gay  
Not sure

## Marital status

*Are you...?*

Single  
Married or in a civil partnership  
Divorced or separated  
A widow/widower

## Age range

16-19      20-24      25-29      30-34      35-39      40-44      45-49      50-54  
55-59      60-64      65 +

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## Ethnic origin

*How would you describe your background?*

### ***Asian or Asian British***

Bangladeshi  
Indian  
Pakistani  
Other asian background

### ***Black or Black British***

African  
Caribbean  
Other black background

### ***Chinese and other ethnic groups***

Chinese  
Other ethnic background

### ***Mixed heritage***

White and Asian  
White and Black African  
White and Black Caribbean  
Other mixed background

### ***White***

British  
English  
Irish  
Scottish  
Welsh  
Other white background

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## Employment status

*Which of these statements best describes your current situation?*

Full-time                      Part-time                      Self-employed  
Not employed                      Unemployed                      Unable to work  
Retired                      Student                      Looking after the home

**Religion and beliefs**

*How would you describe your religion or beliefs?*

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

No religion

Other religion or belief system (please state)

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**Disability**

*Do you consider yourself to have a disability?*

Yes

No

*If yes, please tick all that apply:*

Physical impairment

Vision impairment

Hearing impairment

Mental health

Learning disability

Long-standing illness

Other

**Caring**

*Do you have caring responsibilities?*

Yes

No

*If yes, please tick all that apply:*

Primary carer of child/children

Primary carer of disabled child/children

Primary carer of disabled adult/adults

Primary carer of older person/people

Secondary carer

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If you are using the electronic version of the form, please save once completed and then email it to:  
Kirsty.Giles@slam.nhs.uk

If you are using the paper version, please complete and post it to:

Kirsty Giles

SLaM Recovery College

1st Floor Administration Building

Maudsley Hospital

Denmark Hill

London

SE5 8AZ

Thank you!