

SLaMrecoverycollege enrolment form

First Name

Last Name

Date of Birth

Address

Post
Code

Borough

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

If you have given us an email address, we would like, occasionally, to share with you our latest timetable, news on new courses, updates as to when and where our courses are running, as well as opportunities and developments that we feel may be of interest or benefit to you. In order to comply with the General Data Protection Regulation (GDPR) we need your consent to do this. Please tick one of the following:

Yes, I am happy to receive emails from SLaM Recovery College

No, I do not want to receive emails from SLaM Recovery College (apart from course confirmations if that option chosen above)

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

Borough Directorate
or 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 +

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

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)

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

If you are using the electronic version of the form, please save once completed and then email it to:
enrol@slamrecoverycollege.co.uk

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

SLaM Recovery College
1st Floor Administration Building
Maudsley Hospital
Denmark Hill
London
SE5 8AZ

Thank you!