

Personal Details

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|---|--------------------------------|--------------------------------|-------------------------------|
| First Name: | | Staff: date of receipt: | |
| Family Name/ Surname: | | Date of Birth: | |
| Address (including postcode): | | | |
| Telephone: | | | |
| Email: | | | |
| Please tell us how you would prefer us to contact you. | <input type="checkbox"/> Phone | <input type="checkbox"/> Email | <input type="checkbox"/> Text |
| Please tick here if you would like to receive information from us in Easy Read. Easy Read is a way of making written information easier to understand by using clear and simple words, pictures or photos, and large font size. | | <input type="checkbox"/> Yes | |
| Is there anything that may impact your attendance or participation with us? This may include learning, accessibility, or medical needs. | | | |

Your Contact with CWP

Please tick which the following options which are applicable to you:

| | |
|--|--|
| <input type="checkbox"/> I use secondary mental health services delivered by CWP | <input type="checkbox"/> I have been referred from IAPT |
| <input type="checkbox"/> I am a carer for someone using secondary mental health services | <input type="checkbox"/> I have been referred from SPA/Gateway |
| | <input type="checkbox"/> I am a staff member or volunteer |

Where did you hear about us?

Emergency Details

| | | | |
|--|--------------------------------|---------------------------------------|-----------------------------------|
| Your GP Surgery: | | | |
| Who should we contact in case of emergency? | Name: | Phone: | |
| I would like to attend in: | <input type="checkbox"/> Crewe | <input type="checkbox"/> Macclesfield | <input type="checkbox"/> Winsford |
| Please tick if you would like to attend a Learning Plan session | | | <input type="checkbox"/> |

Recovery College Course Sign-Up

Please tell us which courses you would like to enrol in:

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|--|--|
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Monitoring

The following questions are optional and used for statistical purposes only.

What is your gender? :

What is your ethnicity?

If you would like to opt out of the following information please tick accordingly:

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|--|
| <input type="checkbox"/> Invite to focus group |
| <input type="checkbox"/> Contacted for service feedback |
| <input type="checkbox"/> Future Engagement & Participation events |
| <input type="checkbox"/> Newsletters |
| <input type="checkbox"/> If you do not want to be contacted for any other matters |

The INVOLVEMENT, RECOVERY AND WELLNESS CHARTER

You can expect us to:

- Deal with your enquiries in a professional and friendly manner.
- If accessing services delivered by CWP I understand and agree that my attendance is noted on CWP's electronic record keeping system 'CareNotes.'
- Provide guidance on workshops, learning resources, and study skills.
- Ensure courses promote learning, achieving, and thriving.
- Make all possible adjustments so that everyone can access our workshops, content, and environment.
- Provide a safe and healthy environment free from discrimination.
- Respect your choices, traditions, culture, religion, and practices.
- Give you the opportunity to express your views of the centre.

We expect you to:

- To take responsibility and an active part in your own learning and recovery journey using the resources made available to you.
- Treat all course participants with compassion and dignity.
- Give us the relevant information that we need to register you.
- Attend courses and workshops punctually or to cancel in good time.
- Be considerate of all course participants rights, choices, beliefs and opinions.
- Switch your mobile phone to silent.
- Smoke off-site as we are a smoke-free Trust.
- Respect and not discriminate against or harass others at any time, respecting their rights, life choices, beliefs and opinions.

By signing this form you are agreeing to the Recovery College Charter which can be found in this prospectus. As per the Data Protection Act 2018 we will keep your details secure and anything you share with us will be treated as confidential.

Signed: _____ Date: _____