|  |  |
| --- | --- |
| **First name** |   |
| **Surname** |   |
| **Date of birth** |   | **Male** [ ]  **Female** [ ]  **Other** [ ]  |
| **Street address** |   |
| **Postcode** |   |
| **Telephone number(s)** |   |
| **Email address** |   |

Emergency Contact Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  . | Telephone |   | Email |   |

What is the best way for us to contact you? Please tick one below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Landline telephone** [ ]  | **Mobile phone** [ ]  | **Letter** [ ]  | **Email** [ ]  |

Please tick one of the four categories below that best describes you.

|  |  |  |  |
| --- | --- | --- | --- |
| **Student** [ ]  | **Supporter of a student****(family, friend, carer)** [ ]  | **Staff member** [ ]  | **Volunteer spending time credits** [ ]  |

**Choose your course(s) and we will send you all the details and links to the various virtual Zoom meetings via email at the address you provided above.**

Please fill in the course details below:

|  |  |
| --- | --- |
| **Course name** | **Course date(s)** |
|  |  |
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|  |  |

**Additional Support – Individual Learning Plan**

|  |  |
| --- | --- |
| **Are you unsure of which courses to choose or finding it difficult to narrow down your choices? If so, would you like to meet one of our tutors?** | **Yes** [ ]  **No** [ ]  |

If you are a user of services or care for someone who uses mental health services, please give details of the Services/Team that you/they receive that service from:

**Please note that we will contact this team to confirm this information**

|  |  |
| --- | --- |
| **Care-Coordinator or Named Worker\*\*** |   |
| **Address** |   |
| **Telephone number** |   |
| **Email** |   |

**\*\*NOTE**: if your Care Coordinator works with you on a forensic ward and you are currently an inpatient, please ask your Care Coordinator to contact us to provide additional information to complete your enrolment*. We cannot confirm your enrolment without further information*.

|  |  |
| --- | --- |
| **GP name** |   |
| **GP address** |   |
| **GP telephone number** |   |

|  |  |
| --- | --- |
| **Are you a Haringey resident?** | **Yes** [ ]  **No** [ ]  |
| **If NO, please tell us which borough you are from.** |   |

If you have any disabilities or special needs, please state them here:

|  |
| --- |
|   |

How did you hear about the Clarendon Recovery College?

|  |
| --- |
|   |

|  |
| --- |
| **Ethnicity** *Please tick the box that best describes your ethnic group* |
| **White** | **Black or Black British** |
|  [ ]  British | [ ]  [ ]  African |
|  [ ]  Irish |  [ ]  Caribbean |
| [ ] **White Other**  |  [ ]  Other (please specify):  |
|  [ ]  Greek/ Greek Cypriot |
|  [ ]  Turkish  | **Asian or Asian British** |
|  [ ]  [ ] Turkish/Cypriot |  [ ]  Indian |
|  [ ]  [ ] Kurdish | [ ]  [ ]  Pakistani |
|  [ ]  Gypsy/Roma |  [ ]  Bangladeshi |
|  [ ]  Irish Traveller | [ ]  [ ]  Chinese |
|  [ ]  Other (please specify below):  | [ ]  [ ]  Other (please specify below):  |
| **Mixed** | **Other Ethnic Group** |
| [ ]  [ ]  White and Black African | [ ]  [ ]  Any other ethnic background(please specify): |
| [ ]  [ ]  White and Black Caribbean | [ ]   |
| [ ]  [ ]  White and Asian |  |
|  [ ]  Other (please specify):   |

Date:

|  |
| --- |
| FOR OFFICE USE ONLY |
|   |   |  |
|   |   |   |
|   |   |   |

Please return this form to **enrolCRC@haringey.gov.uk**

Or you can also post the form to: Clarendon Recovery College

 Clarendon Road

 Off Hornsey Park Road

 London N8 0DJ

 **020 84894860**

**Well-being Pre – evaluation**

 **Name:**   **Date:**

By answering these questions, you will help the evaluation team to know if Clarendon Recovery College courses make a difference. The questions should take ten minutes or less to answer.

Below are some statements about your feelings and thoughts. Please tick the box that best describes your experience.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Statement | None of the Time | Rarely | Some of the Time | Often | All of the Time |
| 1 | I’ve been feeling optimistic about the future.  | 1 [ ]  | 2 [ ]  | 3 [ ]  | 4 [ ]  | 5 [ ]  |
| 2 | I’ve been feeling useful. | 1 [ ]  | 2 [ ]  | 3 [ ]  | 4 [ ]  | 5 [ ]  |
| 3 | I’ve been feeling relaxed.  | 1 [ ]  | 2 [ ]  | 3 [ ]  | 4 [ ]  | 5 [ ]  |
| 4 | I’ve been feeling interested in other people.  | 1 [ ]  | 2 [ ]  | 3 [ ]  | 4 [ ]  | 5 [ ]  |
| 5 | I’ve had energy to spare.  | 1 [ ]  | 2 [ ]  | 3 [ ]  | 4 [ ]  | 5 [ ]  |
| 6 | I’ve been dealing with problems well.  | 1 [ ]  | 2 [ ]  | 3 [ ]  | 4 [ ]  | 5 [ ]  |
| 7 | I’ve been thinking clearly.  | 1 [ ]  | 2 [ ]  | 3 [ ]  | 4 [ ]  | 5 [ ]  |
| 8 | I’ve been feeling good about myself.  | 1 [ ]  | 2 [ ]  | 3 [ ]  | 4 [ ]  | 5 [ ]  |
| 9 | I’ve been feeling close to other people.  | 1 [ ]  | 2 [ ]  | 3 [ ]  | 4 [ ]  | 5 [ ]  |
| 10 | I’ve been feeling confident.  | 1 [ ]  | 2 [ ]  | 3 [ ]  | 4 [ ]  | 5 [ ]  |
| 11 | I’ve been able to make up my own mind about things.  | 1 [ ]  | 2 [ ]  | 3 [ ]  | 4 [ ]  | 5 [ ]  |
| 12 | I’ve been feeling loved.  | 1 [ ]  | 2 [ ]  | 3 [ ]  | 4 [ ]  | 5 [ ]  |
| 13 | I’ve been interested in new things.  | 1 [ ]  | 2 [ ]  | 3 [ ]  | 4 [ ]  | 5 [ ]  |
| 14 | I’ve been feeling cheerful.  | 1 [ ]  | 2 [ ]  | 3 [ ]  | 4 [ ]  | 5 [ ]  |

Adapted -Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006

**Please Note:** We will issue certificates for courses you have attended. You will also be asked to complete Post –evaluation formsto help the evaluation team know if our courses made a difference to your well-being.

**After you have completed this form**

Return your completed form to us via email at enrolCRC@haringey.gov.uk

After we've received the completed form, a member of our team will get in touch with you as soon as possible to confirm we've received your application.

If you have any queries, you can contact us:

* via phone at 020 8489 4860, or
* via email at enrolCRC@haringey.gov.uk

**Thank you for your help!**