

Enrolment form

Course enrolment form: Please complete in BLOCK CAPITALS and read the section called Selecting your courses on page 58.

Are you unsure of which courses to choose or finding it difficult to narrow down your choices? If so, would you like to meet a Peer Learning Adviser?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Course 1		Date	
Course 2		Date	
Course 3		Date	
First name		Surname	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other	Date of Birth	
Address			
		Postcode	
Email			
We will be writing to you to give you your course details. How do you want us to do this? <input type="checkbox"/> By post or <input type="checkbox"/> by email			
Mobile		Telephone	
<p>How best would you describe yourself?</p> <p><input type="checkbox"/> A person who is currently using CNWL, or who has been discharged in the last 12 months</p> <p><input type="checkbox"/> A person who has previously used CNWL services more than 12 months ago</p> <p><input type="checkbox"/> A carer or supporter of someone who is currently using CNWL services, or of someone who has been discharged in the last 12 months</p> <p><input type="checkbox"/> CNWL staff (please enrol on the Learning and Development Zone)</p> <p><input type="checkbox"/> Other (eg member of the public, GP, service provider)</p>			

Please turn over to complete

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If you are a carer or a supporter please give us the details of the person you care for or support:

Their full name		Date of birth	
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Please read the guidance on Additional Support and Access Needs on page 58 of our prospectus before completing this question and then, if needed, outline any difficulty or disability for which you may need additional support or practical changes.

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We may need to contact you about these additional support needs. Please tell us the phone number that it would be best to reach you on	Telephone	
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Your CNWL Team: Please give us the details of your Care Coordinator/Key Worker/Lead Professional (either your own or the person you support)

Name		Team	
Email		Telephone	

How did you hear about us?

- Recommended Referred Through my employer Prospectus
 Internet Poster Social media (eg. Twitter)

Signature:		Date:	
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Please return this form to

recoverycollege.cnwl@nhs.net

or by post to:

Admissions/enrolment,
CNWL Recovery & Wellbeing College,
Stephenson House,
75 Hampstead Road,
London NW1 2PL

To avoid disappointment you must pre-register for courses.

Confirmation of your place will be made by post or email. If you have any questions please get in touch. We will keep your personal enrolment details secure and anything you share with us will be treated as confidential. We will write to confirm if we are unable to accommodate your request. You will need to reapply as we do not operate a waiting list system.

Tick this box if you do not want to be added onto our mailing list.

