

Enrolment Form

Course(s) I would like to register on: Course Name		Course Location	Course Date

Contact Details			
Title:	Forename:	Surname:	
Address:		Postcode:	
		D.O.B:	
Phone number(s) you are happy to be contacted on:		Landline:	
		Mobile:	
Email address:			
Do you intend to bring anyone with you on the course? (e.g. friend/carer/patient) Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please provide their details below:			
Title:	Forename:	Surname:	Contact No:
Email address:		Relationship to you:	

Equality details	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other <input type="checkbox"/>	
Sexual orientation:	Ethnic Origin:
Are you disabled? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is your main disability?	
Do you have any specific communication/learning needs?	

Emergency Contact Details	
Name:	Relationship:
Contact number(s):	
Who is your GP?	GP surgery:
Please tell us about any physical health and/or mobility needs you have and how we should respond in an emergency:	

Other information	
Are you currently receiving support from any of the following? (Please tick all that apply)	
<input type="checkbox"/> IAPT	<input type="checkbox"/> Liaison and Diversion Service
<input type="checkbox"/> Secondary Mental Health team	<input type="checkbox"/> No Mental Health Service
<input type="checkbox"/> Crisis Mental Health team	<input type="checkbox"/> Other
How did you find out about the course(s)?	
<input type="checkbox"/> NHS practitioner/support worker	<input type="checkbox"/> Department for Work and Pensions (DWP)
<input type="checkbox"/> Coventry and Warwickshire Mind support worker	<input type="checkbox"/> Google search for local mental health courses
	<input type="checkbox"/> Other
What is your main reason for wanting to attend?	
<input type="checkbox"/> To help myself feel better	<input type="checkbox"/> To accompany someone I professionally support
<input type="checkbox"/> To learn to better support a family member or friend	<input type="checkbox"/> My own Personal/professional development.
	<input type="checkbox"/> Other
If you are a professional, please state briefly why you wish to access this course?	

Information Sharing/Safeguarding: The information we require from you is to be able to enrol you onto the courses of your choice and be able to email/send you confirmation and details of the courses. Information is collected over a secure web portal which is managed by Coventry and Warwickshire Partnership Trust (CWPT) and is in line with current Data protection/security requirements. The authorised administrators will have access to all information provided by you, but ONLY your name and emergency contact details will be given to the course tutors delivering courses. The information you provide to us will only be accessed by authorised CWPT and Coventry and Warwickshire Mind (CW Mind) staff. In order to review the uptake and engagement with the various courses, anonymised data will be used to inform future service decision making.

Signed: _____ Date: _____