



**Oxfordshire
Recovery
College**

OXFORDSHIRE RECOVERY COLLEGE ENROLMENT FORM

Title (Please) **Mr** **Mrs** **Miss** **Ms** **Other:** _____

First Names: _____ **Surname:** _____

Date of birth: _____

Address: _____

Postcode: _____

Contact Telephone Number: _____

Email address: _____

Who We should Contact in Case of an Emergency:

Name: _____

What is the Person's Relationship to You: _____

Contact Telephone Number: _____

Do you currently access mental health services? (Please) **Yes** **No**

Are you a **Carer** **Relative** **Friend** **OMHP Staff**

Preferred method of contact? (Please)

Telephone **Email** **Text message** **Other** _____

Preferred time of contact? (Please)

Morning **Afternoon** **Evening**

Ethnicity (Please)

White British

White Irish

Any other White

Mixed White and Black Caribbean

Mixed White and Black African

Mixed White and Asian

Any other mixed background Indian

Not stated

Bangladeshi

Any other Asian background

Caribbean

African

Any other Black background

Chinese

Any other ethnic group

Pakistani

How did you hear about the college? _____

You may choose up to three courses. Please indicate below:

1.Course Name _____

Date _____ Course Code _____

Course Location _____

2. Course Name _____

Date _____ Course Code _____

Course Location _____

3. Course Name _____

Date _____ Course Code _____

Course Location _____

Data Protection Act 1998

The information you provide on this form will be held on computer and will be available to College staff. The information you provide may be shared with other partner organisations for purposes relating to education training or research. Separate consent and opt out forms will be used in this case.

Please return this form to:

**Oxfordshire Recovery College
C/O Restore
Manzil Way
Oxford
OX4 1YH**