

RECOVERY COLLEGE ISLE OF MAN (RCM)

REGISTRATION FORM



HOPE • CONTROL • OPPORTUNITY

YOUR DETAILS

NAME			
DATE OF BIRTH		NHS NUMBER	

Have you already registered with us? If so, please tick:

If your details have not changed, skip to **Consent**, and then **Course Selection**.

If your details have changed, please fill out the relevant parts of the form to reflect these changes.

ADDRESS			
CONTACT NUMBER(S)		EMAIL ADDRESS	
*GENDER		*ETHNICITY	

**We want to ensure all Manx residents are accessing our services equally, and giving us these details allows us to see if this is the case. However, if you prefer not to say, simply leave the box blank.*

Which of the following best applies to you?

- Open to Mental Health Services (CMHSA, CWS, DAT)
- Carer of someone open to Mental Health Services
- Open to University College Isle of Man
- Staff member of the above
- Member of the public

If you ticked Open to Mental Health Services, please provide the name(s) of your care team below:

EMERGENCY CONTACT DETAILS

NAME			
RELATIONSHIP TO YOU			
CONTACT NUMBER(S)			

YOUR LEARNING EXPERIENCE

Are there any specific conditions that may create additional needs or impact your learning experience we should know about?

- Learning/Communication difficulties
- Physical health conditions
- Accessibility requirements



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If you ticked yes, to any of the above, please detail specifics below:

Preferred pronouns (please tick as many as apply)

- He/Him/His
- She/Her/Hers
- They/Them/Theirs
- Other (please write in place of box)

How would you prefer us to contact you? (please tick one)

- Letters
- Email

CONSENT

I agree to abide by RCM's rules and regulations and understand that any personal data submitted on the application form will be processed for the purposes of education and training administration, including analysis for management and statutory returns. Information will be processed by RCM in accordance with the General Data Protection Regulations (GDPR).

Please tick once you have read this:

Today's date:

COURSE SELECTION

Please tick **no more than three**. See our prospectus for more information on each course's content and schedules.

- | | |
|--|---|
| • A Good Night's Sleep <input type="checkbox"/> | • Mental Health First Aid <input type="checkbox"/> |
| • Workshop for Wellbeing <input type="checkbox"/> | • Gender Identity and Awareness <input type="checkbox"/> |
| • Wellness, Recovery and Action Planning (WRAP) <input type="checkbox"/> | • Sexual Health Awareness <input type="checkbox"/> |
| • Assertiveness & Confidence Workshop <input type="checkbox"/> | • Creative drawing: Geometric Art <input type="checkbox"/> |
| • Managing Anxiety <input type="checkbox"/> | • Lifestyle Strategies: Health & Wellbeing <input type="checkbox"/> |
| • Life Beyond Covid-19 <input type="checkbox"/> | |

Thank you for filling in all details asked of you. Please hand your completed form in to reception, or scan a copy to recoverycollege@gov.im. We will process your registration and begin the enrollment process, and you will hear back from us in due course.