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|  PENTREATH small**RECOVERY COLLEGE CORNWALL – SIGN UP** |

**Please tick one of the below to let us know your goals.** Recovery College Cornwall *provide support to progress with your goals. If you do not have any of the goals below, we will not be able to accept your referral.*

|  |  |
| --- | --- |
| **□ Employment** | *If you know, tell us what would you like to do?* |
| **□ College/Education/Training**  | *If you know, tell us what would you like to do?* |
| **□ Volunteering**  | *If you know, tell us what would you like to do?* |
| **How do you think Recovery College can help you move towards your goals?** |  |
| **Do you have any particular mental health challenges that you would like to share?**  |  |

ABOUT YOU

Title: [ ]  Mr [ ]  Mrs [ ] Miss [ ]  Ms [ ]  Mx

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Forename(s):

Surname:

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Date of Birth:

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Gender: [ ]  Male [ ]  Female [ ]  Other

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Address:

Postcode:

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Phone number:

Mobile number:

Email address:

Ethnicity Please tick **ONE** of the following boxes which best describes your ethnicity

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| **Asian/Asian British**[ ]  Indian[ ]  Pakistani[ ]  Bangladeshi[ ]  Chinese[ ]  Any other Asian Background.  Please state: | **Dual Heritage**[ ]  White and Black Caribbean[ ]  White and Black African[ ]  White and Asian[ ]  Any other Dual Heritage  Background. Please state: | **White**[ ]  British/English/English/ Scottish/Welsh/Northern Irish[ ]  Cornish[ ]  Irish[ ]  Gypsy, Irish Traveller or  Roma[ ]  Any other white  Background. Please  state:[ ]  Prefer not to say |
| **Other Ethnic Group**[ ]  Arab[ ]  Any other Ethnic Background. Please state:  |  **Black/African/Caribbean/Black British**[ ] Caribbean[ ]  African [ ]  Any other Black/African/ Caribbean Background.  Please state: |

Employment Status

Please tick ONE, Are you...

[ ]  **Employed** (Full time)

[ ]  **Employed** ( Part time)

[ ]  **Unemployed** (I am without work, available for work and actively seeking work)

In months how long have you been out of work? …….

[ ]  **Economically Inactive** (in my current position I am not actively seeking work)

Education

Are you currently engaged in education or training? Yes [ ]  No [ ]

[ ]  **In Education** (Full time)

[ ]  **In Education** (Part time)

[ ]  **In Training** (Full time)

[ ]  **In Training** (Part time)

**Do you require any additional Support Required to access our courses?**

Does you have an additional learning needs (see guidance): YES NO

If so, please provide details:

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Do you have any particular barriers in relation to your physical and emotional health which might prevent you from accessing this course (see guidance)? YES NO

If so, please provide details (use additional sheet if necessary):

**Do you require any of the following:** (please tick all that apply and provide details where necessary):

* Large print (18pt)
* Different colour paper (please state which colour)
* Any other requirement (please state)
* Access & assistance requirements
* Accessible parking bay (Blue badge holder)
* Assistance in the car park on arrival
* Wheelchair access
* Water bowl for an assistance dog
* Assistance with travel arrangements
* Communication support
* Hearing Induction Loop
* BSL Interpreter
* Language Interpreter (please state)

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Are you currently on any other project within Pentreath Ltd? [ ]  **YES,** please give details below: [ ]  **NO**

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| Project:Support from:  |

Are you currently working with any other agencies or Charities to support your mental health or wellbeing? E.g. Social Worker, CMHT, other organisations? [ ]  **YES,** please give details below [ ]  **NO**

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| Agency/Charity:Your contact: Is it OK for us to contact them? [ ]  **YES** [ ]  **NO** |

Referral Information:

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| **Information Needed** | Answer or reason for not given |  |
|
| **GP:** |  |  |
| **GP surgery:** |  |  |

**Reason for Referral**: **Other Services Being Used**:

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| --- | --- |
| **Low mood** |  |
| **Anxiety** |  |
| **Depression** |  |
| **Social Isolation** |  |
| **Self management of wellbeing** |  |
| **Recovery from crisis** |  |
| **Severe and enduring MH problem** |  |
| **Other** |  |

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| **Community Mental Health Team CMHT** |  |
| **BeMe** |  |
| **Outlook South West** |  |
| **Employment services** |  |
| **Post Natal Depression groups** |  |
| **Learning Disability Services** |  |
| **GP** |  |
| **Drug/Alcohol Team** |  |
| **Other peer support groups** |  |
| **Other** |  |
| **None** |  |

**Please return this form to** **rc.enrollment@pentreath.co.uk**

 **Once we have received your referral you will be contacted by a Community Trainer to discuss the next steps**

Pentreath is the Data Controller for this information and it will be processed under the ‘legitimate interests’ basis to provide the service you are requesting. Your information will be retained after delivery for a limited time to meet auditing and funding purposes. If you have any questions please contact Pentreath. 01872 308909