

Enrolment Form

(PEOPLE WITH MENTAL HEALTH CONCERNS, THEIR CARERS & SUPPORT PEOPLE)



South Eastern Sydney
Recovery & Wellbeing College

Enrolment Checklist - Please ensure all sections are complete before submitting this form. Should you require assistance, please contact the Recovery & Wellbeing College

1 Carefully read the South Eastern Sydney Recovery & Wellbeing College Course Guide

2 Select the Course/s you wish to attend and place them in order of preference

3 Complete enrolment form and submit in either of the following ways.
By Email: seslhd-recoverycollege@health.nsw.gov.au
By Mail: South Eastern Sydney Recovery & Wellbeing College, Shop 2, 20/24 Belgrave St Kogarah NSW 2217

STUDENT INFORMATION

First Name:		Surname:	
Address:			
Suburb:	Post Code:	Phone:	Mobile:
Email:			Date of Birth:
How would you prefer to be contacted? <input type="checkbox"/> Phone <input type="checkbox"/> Email		We are now sending attendance reminders via SMS. Please advise the College if you do not wish to receive these.	

INFORMATION TO HELP US SUPPORT YOU

What courses are you interested in attending? (please including course name and code) **Enrolment with the Recovery & Wellbeing College does not guarantee you a place as all courses are subject to availability. For popular courses a waiting list will apply.**

Do you have any specific learning or support requirements of which you would like the College to be aware? Yes please specify below No

Emergency Contact Details e.g. family, friend etc.) – **compulsory**

Name: Relationship: Phone:

How did you hear about the Recovery & Wellbeing College? (please tick)

Family/Friend Mental Health Worker Brochure/Website Community College
 NGO Support Worker Drug & Alcohol Service Other (please specify)

What is your connection with the Recovery & Wellbeing College? *To be eligible to attend you need to meet one of the following criteria* (please tick)

Current consumer of South Eastern Sydney Local Health District **Mental Health** Service – please indicate:
 Eastern Suburbs St George Sutherland

Current consumer of South Eastern Sydney Local Health District **Drug & Alcohol** Service – please indicate:
 Eastern Suburbs St George Sutherland Langton Centre, Surry Hills

Supporter (Carer or Support Person)

Person with mental health or Drug & Alcohol concern residing in South Eastern Sydney Local Health District catchment area (but not a current user of the South Eastern Sydney Mental Health Service)

Please tick: Mental Health Service Provider
 New Horizons Mission Australia
 Partners in Recovery Aftercare
 Private Psychiatrist
 Private Counsellor/Psychologist./Social Worker
 Other, please specify

QUESTIONNAIRE

This demographic questionnaire assist us in evaluation and further funding for the Recovery & Wellbeing College.

If you wish not to participate please tick this box

Do you identify as <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander		Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country of Birth:	Language Spoken at Home:	Ethnicity:	
Which of the following would best describe your current employment status? (please tick)			
<input type="checkbox"/> Full Time Employee <input type="checkbox"/> Part Time Employee <input type="checkbox"/> Casual Employee <input type="checkbox"/> Volunteer Work <input type="checkbox"/> Supported Employment <input type="checkbox"/> Student <input type="checkbox"/> Unemployed, Job Seeking Independently <input type="checkbox"/> Unemployed, Job Seeking with Employment Agency <input type="checkbox"/> Unwaged, Not Seeking Work			
Have you successfully completed any of the following Qualifications? (please tick)			
<input type="checkbox"/> Bachelor or Higher Degree <input type="checkbox"/> Advanced Diploma or Associated Degree <input type="checkbox"/> Diploma or Associate Diploma <input type="checkbox"/> Certificate IV <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Misc. Education (please specify) <input type="checkbox"/> None of the above			
What is your highest completed school level? (tick one) <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9/lower			
Are you currently Studying? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, are you studying (please tick) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Gender identity <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Different identity (please state)		Were you born with a variation of sex characteristics (this is sometimes called 'intersex')? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	
Do you consider yourself to be: <input type="checkbox"/> Straight or heterosexual <input type="checkbox"/> Lesbian, Gay or Homosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Queer <input type="checkbox"/> Different identity (please state)			