**Student Induction for Buckinghamshire Recovery College**

This information will be stored securely in line with Oxford Health NHS Foundation Trust Policy.

|  |  |
| --- | --- |
| **First Name(s)** |  |
| **Surname** |  |
| **Date of Birth** |  |
| **Home Address** |  **Postcode:** |
| **Email Address** |  |
| **Telephone Number** | **Home:** | **Mobile:** |
| **Emergency Contact Details**  | **Name:** | **Phone:** |

|  |  |
| --- | --- |
| **GP Surgery** |  |
| **Care Co-ordinator or Team/Service (if you have one)**  |  |

**Course attending .……………………………………………………………………………………………**

|  |  |
| --- | --- |
| **Induction Checklist** | **Completed** |
| Student Details/additional support/criminal convictions/confidentiality |  |
| Student code of conduct |  |
| Individual learning plan |  |
| Keeping Well Plan |  |
| Warwick-Edinburgh Mental Wellbeing Scale |  |
| Cluster |  |

**Additional support:**

If you have any learning difficulties/disabilities (such as hearing or visual impairment) or medical conditions (such as epilepsy or diabetes), please state them in the box below.

**Unspent Criminal Convictions:**

Do you have any unspent criminal convictions?

 Yes No

Having unspent criminal convictions does not mean that you will be unable to access a course.

**Confidentiality:**

Information shared during the course, between students or staff will remain confidential. However there are certain times when we may need to share your information with other professionals, services or agencies. These include:

* If there is concern that a child is at risk from harm
* If there is concern that you are putting another person at risk of harm
* If you have threatened to do serious harm to yourself

**Student Code of Conduct**

**As a student we expect you to:**

1. Maintain confidentiality and show respect to all students, staff and property.
2. To take responsibility and an active part in your own learning
3. To attend the mandatory induction workshop.
4. To book onto courses prior to attendance
5. To attend courses punctually and let the college coordinator know if you cannot attend
6. To keep yourself, other students/staff and the space as safe as possible
7. To refrain from the use of alcohol and illicit substances whilst attending courses.

*I understand and will behave in accordance with the student Code of Conduct whilst attending courses at the Buckinghamshire Recovery College. I understand that if I was to breach the Code of Conduct I may be excluded from the College.*

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_

**Individual Learning Plan**

Your learning plan helps you to keep on track towards where you want to be in your life as well as reminding you what you have learned, achieved and enjoyed.

Look forward in your life and identify your goals. Set yourself some targets which will show you that you are on your way to getting what you want or where you want to be. Remember to make them SMART goals!!



|  |
| --- |
| **Recovery Goals**  |
| **1.** |
| **2.** |
| **3.** |

**Keeping going**

Your Individual Learning Plan can be reviewed as often as you would like and you can see what targets you have achieved and what targets you may need to continue to work on.

|  |  |  |  |
| --- | --- | --- | --- |
| Date Completed (Initial) | 1st review | 2nd review | 3rd review |
|  |  |  |  |

**Keeping Well Plan**

|  |  |
| --- | --- |
| **What signs tell me I’m feeling less safe/well?** *(e.g. feeling increasingly anxious leaving the house)* |  |
| **What have I done in the past that helped? What ways of coping do I have?** *(e.g. talking to a friend)* |  |
| **What will I do to help calm and soothe myself? What can I do to keep safe and well?***(e.g. plan a coffee with a friend)* |  |
| **Who can I call and/or a safe place I can go?***(Telephone helpline e.g. Samaritans: 116123)* |  |

**We suggest you keep reminding yourself of this plan and perhaps share it with family, friends or your care co-ordinator.**

**Warwick-Edinburgh Mental Wellbeing Scale**

Please take a moment to consider how things are for you at the present time with regards to your mental health and recovery.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **Please tick the box that best describes your experience over the last 2 weeks** | None of the time | Rarely | Some of the time | Often | All of the time |
| I’ve been feeling optimistic about the future  |  |  |  |  |  |
| I’ve been feeling useful  |  |  |  |  |  |
| I’ve been feeling relaxed  |  |  |  |  |  |
| I’ve been feeling interested in other people  |  |  |  |  |  |
| I’ve had energy to spare  |  |  |  |  |  |
| I’ve been dealing with problems well  |  |  |  |  |  |
| I’ve been thinking clearly  |  |  |  |  |  |
| I’ve been feeling good about myself  |  |  |  |  |  |
| I’ve been feeling close to other people  |  |  |  |  |  |
| I’ve been feeling confident  |  |  |  |  |  |
| I’ve been able to make up my own mind about things  |  |  |  |  |  |
| I’ve been feeling loved  |  |  |  |  |  |
| I’ve been interested in new things  |  |  |  |  |  |
| I’ve been feeling cheerful  |  |  |  |  |  |