## Student Induction for Buckinghamshire Recovery College

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

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| **How Did You Hear About The Recovery College** | Website  Social Media  Professional Oxford Health Staff  External organisation Other Please State: | |
| **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)** |  |

|  |  |  |
| --- | --- | --- |
| \* Please indicate your ethnic origin | | |
| **Asian or Asian British**  🞎 Bangladeshi  🞎 Indian  🞎 Pakistani  🞎 Any other Asian background  **Black or Black British**  🞎 African  🞎 Caribbean  🞎 Any other Black background | **Mixed**  🞎 White & Asian  🞎 White & Black African  🞎 White & Black Caribbean  🞎 Any other mixed background  **White**  🞎 British  🞎 Irish  🞎 Any other White background | **Other Ethnic Group**  🞎 Chinese  🞎 Any other ethnic group  🞎 I do not wish to disclose this |

Courses for which you want to enrol:

Please complete the table below if you would like to attend courses and workshops with us this term and list them in order of preference. Students are welcome to study up to three courses. Due to limited spaces students are advised to place up to 5 preferences. The College will endeavour to do its best to allocate students with their preferences, but we do have limited spaces, which means student may not be allocated all three. Where courses are oversubscribed places will be allocated on factors i.e preference, if a student has recently undertaken the course and individual needs of a student.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name of Course/ Workshop** | **Reasons for undertaking course** | **Start Date of Course** |
| **Number 1**  **Preference** |  |  |  |
| **Number 2**  **Preference** |  |  |  |
| **Number 3**  **Preference** |  |  |  |
| **Number 4**  **Preference** |  |  |  |
| **Number 5**  **Preference** |  |  |  |

**On-line Recovery College Contract**

I ………. agree to abide by the following conditions whilst a Student attending On-line Recovery College Sessions.;

1. Please inform staff if you are unable to attend a session. If you do not attend a session you will be contacted by Recovery College Staff to ensure that you are safe and well.
2. I will endeavour to be punctual for a course.
3. The sessions are not therapy but provide educational tools to build up student’s resilience with regards their mental health. However, one to one time with staff will be available if needed after the session, to support students at this time.
4. I will make sure that I am in a comfortable environment and in a separate room to others where I cannot be heard or interrupted.
5. To wear appropriate non offensive clothing.
6. To take turns and mute microphones when not talking and to be visible at all times. If I am disruptive during the group staff are able to remove me without notice.
7. If for any reason you have to leave the group, please use the chat option to let staff know. This tool should not be used during the session to communicate with others.
8. The sessions are intended as an educational platform and are not therapy and students are reminded not to overdisclose information with others.
9. I understand that the Recovery College is a therapeutic and confidential environment. I will also treat group content as confidential.
10. Abusive, Racist or threatening behaviour towards others will not be tolerated. I understand that if I behave in this manner the police will be contacted and it may result in discharge from the Recovery College and/or prosecution.
11. I understand that if I engage in any acts of self-harm or risk-taking behaviour during a Recovery College session it will be necessary for the tutor to liaise with relevant agencies and teams to ensure my safety in order I can receive relevant support that I may need.
12. There is a zero-tolerance policy to alcohol and illicit drug use; I understand that if I attend the Recovery College under the influence of either I will be asked to leave the session.
13. Please note that sessions will not be recorded and that students are not permitted to record sessions. If a student is found to be recording sessions, they will be asked to stop Immediately. However, if they fail to do so they will be removed from the session.
14. Students are requested to have their microphones on mute to reduce background noise and to take microphones off mute to contribute to a class discussion. (Please note there is a raise your hand bar.)
15. It would be appreciated if students can arrange their camera so their face is in full view.
16. If students need to take a call during the session please can you turn your microphone off and ensure that if it is on video it is away from your computer screen.

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

Signed: ……………………………………. Date: ……………………………:

**Name: Courses: Date:**

We would be grateful if you would take the time to complete this short questionnaire in order for us to understand more about the process of recovery; what’s helpful and what’s not so helpful.

Not all factors will be important to you since everyone is different, and this questionnaire is only a reflection of where you are now in this moment.

If you are happy to complete this questionnaire please take a moment to consider and sum up how things stand for you at the present time, in particular over the last 7 days, with regards to your mental health and general wellbeing. Please respond to the following statements by putting a tick in the box which best describes your experience.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Disagree strongly | Disagree | Neither  agree nor disagree | Agree | Agree strongly |
| 1. I feel better about myself |  |  |  |  |  |
| 2. I feel able to take chances in life |  |  |  |  |  |
| 3. I am able to develop positive relationships with other people |  |  |  |  |  |
| 4. I feel part of society rather than isolated |  |  |  |  |  |
| 5. I am able to assert myself |  |  |  |  |  |
| 6. I feel that my life has purpose |  |  |  |  |  |
| 7. My experiences have changed me for the better |  |  |  |  |  |
| 8. I have been able to come to terms with  things that have happened to me in the past and move on with my life |  |  |  |  |  |
| 9. I am strongly motivated to get better |  |  |  |  |  |
| 10. I can recognise the positive things I have done |  |  |  |  |  |
| 11. I am able to understand myself better |  |  |  |  |  |
| 12. I can take charge of my life |  |  |  |  |  |
| 13. I can actively engage with life |  |  |  |  |  |
| 14. I can take control of aspects of my life |  |  |  |  |  |
| 15. I can find the time to do things I enjoy |  |  |  |  |  |

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| **Induction Checklist** | **Completed** |
| Student code of conduct |  |
| Individual learning plan |  |
| QPR Score |  |
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