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**Student Enrolment for Buckinghamshire Recovery College (****BRC)** This information will be stored securely in line with GRPR & Oxford Health NHS Foundation Trust Policy.

|  |  |  |
| --- | --- | --- |
| **How Did You Hear About The Recovery College/ or who signposted you?** | Website  Social Media  Oxford Health Staff  External organisation Other Please State: | |
| **First Name(s):** | **Surname:** | **Date of Birth:** |
| **Preferred Pronouns**  (please circle) | **She/Her - He/Him - They/Them - Other - Prefer not to say** | |
| **Home Address** |  | |
| **Email Address:** | **Telephone Number Home:** | **Telephone Number Mobile:** |
| **Emergency Contact Name:** | **Contact Number:** | **Relationship To You:** |
| **GP Surgery** |  | |

**Do you currently access mental health services In Buckinghamshire?** **Yes / No**

**Do you have any learning, mobility, or sensory need?** **Yes / No**

**Are you happy for BRC to keep in touch via email?** **Yes / No**

(We’ll occasionally update you on projects, fundraising, and appeals without overwhelming your inbox.  
BRC will keep your data secure and never share it with other organisations for their own use.)

**Please tick which of the following apply:**

I need support with my own mental health

I care for/support someone with a mental health condition

I work/volunteer for mental health services in Buckinghamshire/Oxfordshire.

|  |  |  |
| --- | --- | --- |
| **\*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 |

**Course Enrolment Preferences**

Please list up to **5 course preferences** below. We will do our best to allocate your top choices, but places are limited. Where courses are oversubscribed, allocation will consider your preference order, past attendance, and individual needs. Generally, a maximum of 3 courses will be allocated to each student.

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

**GDPR Consent to Process Personal Data**

As part of your enrolment for Buckinghamshire Recovery College (BRC) and certification, we need your consent to collect and process your personal data. Please review the following and indicate your agreement:

**☐ I consent** to BRC collecting and processing my personal data for the purpose of enrolment and certification.

**☐ I understand** that my data will be shared only with authorised BRC auditors and certification bodies as necessary.

**☐ I acknowledge** that I can withdraw my consent at any time by contacting [buckinghamshirerecoverycollege@nhs.uk](mailto:buckinghamshirerecoverycollege@nhs.uk)

**☐ I have read and agree** to the Privacy Policy and understand how my data will be used and stored

Privacy Policy available on [www.oxfordhealth.nhs.uk/bucksrecoverycollege/](https://www.oxfordhealth.nhs.uk/bucksrecoverycollege/)

**Recovery College Contract**

I, ……………………………………….., agree to the following conditions while attending Online Recovery College sessions:

1. I understand Recovery College offers educational, not therapeutic, sessions. These are confidential, and I will respect the privacy of all participants. I will be mindful of over-disclosing, (although we do share our experiences, we are not trained counsellors/therapists).
2. Sessions aim to build mental health resilience. Take an active part in your own learning; using the resources made available to you. Staff are available for 30 minutes after each session for support if needed.
3. To attend courses on time or let the college know if I can't attend. Staff may contact you to check on your wellbeing if you miss a session, without notice.
4. Show respect to all students and staff. Abusive, racist, or threatening behaviour will not be tolerated. Such conduct may result in police involvement, discharge, and/or prosecution.
5. If I engage in self-harm or risky behaviour during a session, staff may contact relevant services to ensure my safety.
6. Alcohol and illicit drug use is strictly prohibited. Attendance under the influence will result in removal.
7. Sessions are not recorded. Recording by students is not allowed. Anyone found recording will be asked to stop or be removed from the session.

**Online-Specific Guidelines**

1. I will attend from a private, quiet space where I won’t be overheard or interrupted.
2. I will mute my microphone when not speaking, remain visible, and take turns speaking. Disruptive behaviour may lead to removal without warning.
3. If I need to leave early, I’ll notify staff via chat, which should not be used for chatting with others during sessions.
4. I will keep my camera on with my face clearly visible. I will unmute to participate and use the “raise hand” feature when needed.
5. If I need to take a call, I’ll inform staff via chat and turn off both camera and microphone.

**Confidentiality & Safeguarding:**

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, you are at risk of harm from others, you are putting another person at risk of harm, or if you have threatened to do serious harm to yourself.

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



For each of the following statements, please tick one box that best describes your thoughts, feelings and activities over the last week.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Over the last week** | None  of the time | Only occasionally | Sometimes | Often | Most or all of the time |
| 1.I found it difficult to get started with everyday tasks | £4 | £3 | £2 | £1 | **£**0 |
| 2.I felt able to trust others | £0 | £1 | £2 | **£3** | £4 |
| 3.I felt unable to cope | £4 | £3 | £2 | £1 | £0 |
| 4.I could do the things I wanted to do | £0 | £1 | £2 | £3 | £4 |
| 5.I felt happy | £0 | £1 | £2 | £3 | £4 |
| 6.I thought my life was not worth living | £4 | £3 | £2 | £1 | £0 |
| 7.I enjoyed what I did | £0 | £1 | £2 | £3 | £4 |
| 8.I felt hopeful about my future | £0 | £1 | £2 | £3 | £4 |
| 9.I felt lonely | £4 | £3 | £2 | £1 | £0 |
| 10.I felt confident in myself | £0 | £1 | £2 | £3 | £4 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No problems | Slight problems | Moderate problems | Severe problems | Very severe problems |
| Please describe your **physical** health (problems with pain, mobility, difficulties caring for yourself or feeling physically unwell) **over the last week** | £4 | £3 | £2 | £1 | £0 |