

Course Enrolment Form



Western Sydney
Recovery College

* Required fields

Student Information

*First Name	*Surname	*Date of Birth (dd/mm/year)
<input type="text"/>	<input type="text"/>	<input type="text"/>
*Address	*Suburb	*Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
*Phone	*Mobile	*Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
*Preferred Contact Method		
<input type="checkbox"/> Phone	<input type="checkbox"/> Mobile	<input type="checkbox"/> Email

Emergency Contact

*First Name	*Surname	Relationship to student
<input type="text"/>	<input type="text"/>	<input type="text"/>
*Address	*Suburb	*Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
*Phone	*Mobile	
<input type="text"/>	<input type="text"/>	

About you

How would you best describe your experience with mental illness?

<input type="checkbox"/> Carer	<input type="checkbox"/> Support	<input type="checkbox"/> Family Member	<input type="checkbox"/> Mental Health Worker	Other
<input type="checkbox"/> Study	<input type="checkbox"/> Consumer	<input type="checkbox"/> Friend	<input type="checkbox"/> Volunteer	<input type="text"/>

Do you have any specific needs in relation to learning that may assist us to improve your experience at Recovery College? (e.g. wheelchair access, learning styles, dietary requirements)

Which of the following would best describe your current work status?

<input type="checkbox"/> Full time employee	<input type="checkbox"/> Part time employee	<input type="checkbox"/> Volunteer worker
<input type="checkbox"/> Support employment	<input type="checkbox"/> Full time student	<input type="checkbox"/> Unemployed (seeking work)
<input type="checkbox"/> Unemployed (not seeking work)		

What is your occupation/area of work? *This may include volunteer positions*

What is your highest level of education?

<input type="checkbox"/> Did not finish school	<input type="checkbox"/> Year 10	<input type="checkbox"/> Year 12	<input type="checkbox"/> Certificate
<input type="checkbox"/> Diploma	<input type="checkbox"/> Bachelor Degree	<input type="checkbox"/> Higher Degree	

About you (cont.)

Do you identify as:

- Aboriginal Torres Strait Islander
 Both Neither

Country of birth

Language spoken at home

How did you hear about the Western Sydney Recovery College?

- Family/friend Mental Health Worker NGO/Support Worker GP
 Colleague Website Brochure Direct mail out

Other

- Would you like to register for our newsletter? (Email only)

Privacy Statement

- Western Sydney Recovery College complies with the Privacy Act 1988. We will use your information to help the course facilitators meet your learning needs and to evaluate our program. We will keep your registration information for at least 6 months after you complete your course. More about our privacy policy can be found on our website.

Community Learning Growth

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