

Sussex Discovery College Registration Form



Please complete this form if you are a **young person aged 12-20** and are applying for a course delivered by the Discovery College. This form is also for adults to complete on behalf of children aged 5-11yrs. You may wish to ask a parent or other adult to help you with the form. There is a separate form for parents/carers and guardians for courses they may attend. Please return this form by post or e-mail to:

- ☀ Sussex Recovery College, Aldrington House, 35 New Church Road, Hove BN3 4AG
- ☀ sussex.recoverycollege@nhs.net

(Office use only)

YOUNG PERSON'S DETAILS

Your name:

Your date of birth:

Your address:

Postcode:

Home telephone:

Your mobile:

Your e-mail address:

Preferred method of contact: Post Home phone Mobile Text E-mail

Best time to contact you/your parent or carer

Contact details in case of emergency (applies to all ages)

Contact name:

Contact telephone:

Is this the first time you have registered with the Discovery College?

Yes No

THE COURSE(S) YOU WOULD LIKE TO JOIN

Please list the course(s) you would like to register for:

.....

How do you plan to get to and from your course?

Please tell us if you are likely to have any difficulties in getting there or back:

.....

Who told you about the course?

YOUR GP/MEDICAL PRACTICE

Name and address:

Telephone:

Media Consent

Discovery College, Sussex Partnership NHS Foundation Trust and partners may wish to take photos during the course to use in future publications and on websites to raise awareness of these projects. If you choose not to give consent this will in no way effect your present or future access to Discovery College.

I do /don't (please delete as appropriate) give permission for my photo to be used to publicise Discovery College/partner organisations

YOUR HEALTH AND WELLBEING

We ask for the following information in order to ensure your **health, safety and welfare** during the course. Anything disclosed to us will be kept confidential.

Are you or your parent/guardian concerned about your mental health? Yes No

Please tell us which service(s) you are currently receiving help/support from:

Specialist CAMHS School counsellor/pastoral support/SENCO Emotional Wellbeing team
 Youth Worker GP or Practice Nurse Other (please state)

Please tell us if you ...

- ☀ Have a disability: *Details*.....
- ☀ Have suffered any injury or illness within the last 4 weeks:
Details.....
- ☀ Have special dietary needs (including allergies):
Details.....
- ☀ Have any current or ongoing medical condition(s) (including allergies and travel sickness):
Details.....
- ☀ Are taking medication or receiving treatment for any medical condition:
Details.....

Please tell us about anything else that would help us to understand how best to support you during the course (continue on a separate sheet if necessary):

.....

YOUR PARENTS or GUARDIANS/CARERS

Name(s):	Relationship(s) to you:
Address(es):	Postcode(s):
Home telephone(s):	Mobile(s):
e-mail(s):	

For the PARENT/GUARDIAN/CARER: Consent to attend

I give my permission for this young person to participate in the Discovery College. I understand that, while course tutors will take all reasonable care of the young person, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by the young person arising out of this activity. I realise and accept that in the event of this young person's behaviour adversely affecting the safety of the activity, the organisers reserve the right to return them home. I will remain contactable for the duration of the sessions.

In the event of emergency, I give consent for the course trainer or their delegated assistant to authorise medical treatment for the above young person if it is thought necessary, and if the delay in obtaining your signature is considered, in the opinion of the doctor, likely to affect the young person's health and safety.

If you are 16 or older and can't get a parental signature you can sign for yourself. If you are 15 and under you must get a parent/carer to sign, but if this is difficult for any reason please contact us to discuss.

I declare the information on this form to be correct to the best of my knowledge and understanding.

Your name Signature Date

Equal Opportunities Monitoring Form

We are committed to ensuring that all students are treated equally. This form is intended to help us ensure that all students have equal access to and benefit equally from the College. Please complete it and return it with your application. The form will be separated from your application and used for **monitoring purposes only**. It will be kept confidential in accordance with the Data Protection Act 1998 and only used for data analysis to improve our services.

(Office use only)

AGE GROUP

12-15

16-20

GENDER

Male

Female

Do you consider (or have you ever considered) yourself to be transgender?

Yes

No

Prefer not to say

SEXUAL ORIENTATION

(Please only answer this if you are aged over 16)

Heterosexual

Bisexual

Gay

Lesbian

Other (please specify)

Prefer not to say

Which category below best describes your ETHNICITY?

White British White Irish Gypsy or Irish traveller

Other White background

White and Asian White and Black Caribbean

White and Black African Other Mixed or Multiple background

Bangladeshi Chinese Indian Pakistani

Other Asian background

Black Caribbean Black African Other Black background

Other (please specify)

Prefer not to say

Are you an asylum seeker or refugee?

Yes

No

Prefer not to say

Which category below best describes your RELIGION or BELIEF?

Agnostic

Buddhist

Humanist

Pagan

Sikh

Atheist

Christian

Jewish

Rastafarian

Spiritualist

Bahai'i

Hindu

Muslim

Shinto

Taoist

Other (please specify)

Prefer not to say

Continued overleaf / ...

Do you have an illness or DISABILITY?

Please identify from the list below (tick all relevant boxes):

- | | |
|--|---|
| <input type="checkbox"/> Mental Health (including depression or anxiety) | <input type="checkbox"/> Learning difficulty or disability (eg. dyslexia) |
| <input type="checkbox"/> Asperger's Syndrome/autistic spectrum | <input type="checkbox"/> Mobility impairment (eg. wheelchair user) |
| <input type="checkbox"/> Blind/sight impairment | <input type="checkbox"/> Unseen illness (eg. diabetes, epilepsy) |
| <input type="checkbox"/> Deaf/hearing impairment | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Dementia (eg. Alzheimer's Disease) | <input type="checkbox"/> Prefer not to say |

Please tick here if you do **not** have a disability:

If you need help with filling in this form please contact us on

0300 303 8086
or sussex.recoverycollege@nhs.net

www.sussexrecoverycollege.org.uk