

Course booking form

You may indicate **up to four** courses that you would like to attend. Our courses are very popular and places are limited, so please ensure you receive confirmation of enrolment before attending sessions to avoid disappointment.

If you can no longer attend, please let us know so that your place can be offered to someone else.

Name of course	Start date	Number of sessions	Venue

Please indicate any social groups that you would like to request to join:

- Walking**
- Nordic Walking**
- Gardening**

Please Return To

Post - Mersey Care Recovery College, Life Rooms, Evered Avenue, Walton, Liverpool, L9 2AF

Or

In person – to the above address or at one of our enrollment sessions

Or

By email – recovery.college@merseycare.nhs.uk

You can also register online on our website www.liferooms.org

We cannot register new members by telephone but if you need to get in touch for any other reason, our number is **0151 330 4140**

For office use only:

Received date:	Registered:	Enrolled:	Confirmation sent:

Monitoring Information:

This information is gathered to ensure that we are able to monitor the representation of the people within our service. Mersey Care is active in ensuring equality of opportunity and tackling discrimination. Mersey Care is active in ensuring equality of opportunity and tackling discrimination. We will do this with due regard to the Data Protection Act 1998 and the Equality Act 2010 with specific regard to the Gender Recognition Act 2004.

Disability Discrimination Act 1995 and 2005

The Disability Discrimination Act protects disabled people. The Disability Discrimination Act defines disability as a physical or mental impairment with long-term, substantial effects on the ability to carry out normal day to day activities. This includes people with long-term health conditions. If you tell us that you have a disability we can make reasonable adjustments to where you volunteer and your volunteer arrangements.

Marriage/CP status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	<input type="checkbox"/> Civil Partnership <input type="checkbox"/> Widowed <input type="checkbox"/> I do not wish to disclose this
Gender Identity	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose this	
Gender Reassignment	Is your gender different to that assigned at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to disclose this	
Please select the option which best describes your sexual orientation		
<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual		<input type="checkbox"/> Heterosexual <input type="checkbox"/> I do not wish to disclose this
I would describe my ethnic origin as:		
Asian or Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	Mixed <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	Other Ethnic Group <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> I do not wish to disclose this
Please indicate your religion or belief		
<input type="checkbox"/> Atheism <input type="checkbox"/> Baha'i <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Islam	<input type="checkbox"/> Jainism <input type="checkbox"/> Sikhism <input type="checkbox"/> Judaism <input type="checkbox"/> Hinduism	<input type="checkbox"/> Other (please state) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <input type="checkbox"/> I do not wish to disclose this

Do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to disclose this information
Do you have any disability-related requirements?	
<p>If yes please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.</p>	
<input type="checkbox"/> Physical Impairment <input type="checkbox"/> Sensory Impairment <input type="checkbox"/> Mental Health Problem	
<input type="checkbox"/> Learning Disability/Difficulty <input type="checkbox"/> Long-standing illness <input type="checkbox"/> Other	
Any medical information we should be aware of?	
Do you have any specific learning needs?	