

# Enrolment Form

(PEOPLE WITH MENTAL HEALTH CONCERNS, THEIR CARERS & SUPPORT PEOPLE)



South Eastern Sydney  
Recovery & Wellbeing College

**Enrolment Checklist** – Please ensure all sections are complete before submitting this form. Should you require assistance, please contact the Recovery & Wellbeing College

- 1** Carefully read the South Eastern Sydney Recovery & Wellbeing College Course Guide
- 2** Select the Course/s you wish to attend and place them in order of preference

- 3** Complete this form, submit in one of the following ways.  
**By Email:** [seslhd-recoverycollege@health.nsw.gov.au](mailto:seslhd-recoverycollege@health.nsw.gov.au)  
**By Mail:** South Eastern Sydney Recovery & Wellbeing College, Unit 2 Ground Floor Kirk Place  
15 Kensington St Kogarah NSW 2217

## STUDENT INFORMATION

First Name:		Surname:	
Address:			
Suburb:	Post Code:	Phone:	Mobile:
Email:			Date of Birth:
How would you prefer to be contacted? <input type="checkbox"/> Phone <input type="checkbox"/> Email		We are now sending attendance reminders via SMS. Please advise the College if you do not wish to receive these.	

## INFORMATION TO HELP US SUPPORT YOU

What courses are you interested in attending? (please including course name and code) **Enrolment with the Recovery & Wellbeing College does not guarantee you a place as all courses are subject to availability. For popular courses a waiting list will apply.**

Do you have any specific learning or support requirements of which you would like the College to be aware? ☐ Yes please specify below ☐ No

## Emergency Contact Details e.g. family, friend etc.) – **compulsory**

Name: ..... Relationship: ..... Phone: .....

How did you hear about the Recovery & Wellbeing College? (please tick)

- ☐ Family/Friend ☐ Mental Health Worker ☐ Brochure/Website ☐ Community College  
☐ NGO Support Worker ☐ Drug & Alcohol Service ☐ Other (please specify) .....

What is your connection with the Recovery & Wellbeing College? *To be eligible to attend you need to meet one of the following criteria* (please tick)

- ☐ Current consumer of South Eastern Sydney Local Health District Mental Health Service – please indicate:  
☐ Eastern Suburbs  
☐ St George  
☐ Sutherland
- ☐ Current consumer of South Eastern Sydney Local Health District Drug & Alcohol Service – please indicate:  
☐ Eastern Suburbs  
☐ St George  
☐ Sutherland  
☐ Langton Centre, Surry Hills
- ☐ Supporter (Carer or Support Person)
- ☐ Person with mental health or Drug & Alcohol concern residing in South Eastern Sydney Local Health District catchment area (but not a current user of the South Eastern Sydney Mental Health Service)  
Please tick: Mental Health Service Provider  
☐ New Horizons ☐ Mission Australia  
☐ Partners in Recovery ☐ Aftercare  
☐ Private Psychiatrist  
☐ Private Counsellor/Psychologist/Social Worker  
☐ Other, please specify .....

## QUESTIONNAIRE

This demographic questionnaire assist us in evaluation and further funding for the Recovery & Wellbeing College.

If you wish not to participate please tick this box ☐

Do you identify as <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander		Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country of Birth:	Language Spoken at Home:	Ethnicity:	
Which of the following would best describe your <b>current</b> employment status? (please tick) <input type="checkbox"/> Full Time Employee <input type="checkbox"/> Part Time Employee <input type="checkbox"/> Casual Employee <input type="checkbox"/> Volunteer Work <input type="checkbox"/> Supported Employment <input type="checkbox"/> Student <input type="checkbox"/> Unemployed, Job Seeking Independently <input type="checkbox"/> Unemployed, Job Seeking with Employment Agency <input type="checkbox"/> Unwaged, Not Seeking Work			
Have you <b>successfully</b> completed any of the following Qualifications? (please tick) <input type="checkbox"/> Bachelor or Higher Degree <input type="checkbox"/> Advanced Diploma or Associated Degree <input type="checkbox"/> Diploma or Associate Diploma <input type="checkbox"/> Certificate IV <input type="checkbox"/> Certificate III <input type="checkbox"/> Certificate II <input type="checkbox"/> Certificate I <input type="checkbox"/> Misc. Education (please specify) ..... <input type="checkbox"/> None of the above			
What is your highest completed school level? (tick one) <input type="checkbox"/> Year 12 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 9/lower			
Are you currently Studying? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, are you studying (please tick) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Gender identity <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Different identity (please state) .....		Were you born with a variation of sex characteristics (this is sometimes called 'intersex')? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	
Do you consider yourself to be: <input type="checkbox"/> Straight or heterosexual <input type="checkbox"/> Lesbian, Gay or Homosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Queer <input type="checkbox"/> Different identity (please state) .....			