

Enrolment form



Personal Details

Student Name:	Date of Birth:
Address:	Suburb:
Postcode:	Email:
Phone:	Mobile:

Student Type: (please tick)

- Person with mental health lived experience Carer/Support Person Service Provider

Do you identify as:	Language spoken at home?:
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- Aboriginal Torres Straight Islander Both Neither

Do you identify as having a disability? Yes No If yes, we can talk to you about your support needs

Gender: Male Female Other: _____ Rather not say

Employment Status: Full Time Part Time Unemployed/Volunteer

Course Information

Name of Course / Workshop you wish to enrol in: (Popular courses/workshops may have a waiting list)

Stream preference:

- Campbelltown & Camden Bankstown, Fairfield & Liverpool Wingecarribee & Wollondilly

Have you previously enrolled in a SWS Recovery College course/workshop? Yes No

If yes and your details are up to date, no need to complete any more of the form below.

How did you hear about SWS Recovery College? (please tick)

- Macarthur Disability Services Primary Health Network One Door Mental Health
 Mental Health Worker Support Worker Family or Friend
 Brochure/Website Facebook Community College

Other: _____

Someone may be in contact with you about your enrolment.

When is the best time to contact you?: _____

Emergency Contact or Extra Support Details

Personal	Professional
Name:	Name:
Relationship:	Relationship:
Phone:	Phone:

Student Signature:	Date:
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Are you between 12 and 18? We'll need a guardian to co-sign your form so you can attend.

Co-signature:	Date:
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Name of Co-signed:	Relationship to student:
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