



Registration Form

Please complete all sections of this form in **BLOCK CAPITALS**:

Title: _____ First Name: _____ Surname: _____

Home address: _____

Postcode: _____

Tel No: _____ Mobile No: _____

Email: _____

Date of Birth: _____ Preferred Method of Contact: **Post / Email**

How else can we contact you? (Please tick all options that apply)

Post E-mail Phone Mobile

Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) needs to collect personal information about you to process your application form. It will also form the basis of a confidential personal record in electronic format. The data will be retained for administrative and statistical reporting purposes.

In accordance with the General Data Protection Regulation 2016 and Data Protection Act 2018, the information provided on this form will be disclosed only to those who have a legitimate reason to see it. The lawful basis for processing this information under the General Data Protection Regulation 2016 and the Data Protection Act 2018 is a mixture of legitimate interest and consent.

CPFT would like to make you aware that you have the following rights regarding the data we are required to collect about you:

- Make a Subject Access Request
- Rectification of any incorrect information we hold about you
- Restriction of further processing of data
- Right to be forgotten where the lawful basis for processing your information is consent

The Trust Data Protection Officer can be contacted at informationgovernance@cpft.nhs.uk

Should you wish to complain about any aspects of how we have handled your personal data you can contact the Supervisory Authority (ICO) at Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF

For Office Use Only:

DB Updated:

Term:

Location:

Course Booking Requests

Course name: _____ Course code: _____
Location: _____ Date: _____

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Location: _____ Date: _____

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Location: _____ Date: _____

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Location: _____ Date: _____

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Location: _____ Date: _____

How did you find out about Recovery College East?

Publicity CPFT Website CPFT Staff Word of Mouth Other

For us to monitor our service, please tick one of the following as it applies to you:

- I am a supporter of someone who receives services from CPFT
- I work for CPFT (staff / volunteer)
- I receive services from CPFT
- I have previously received services from CPFT
- I work for a partner organisation
- I receive services from a partner organisation

Is there anything that may impact on your attendance / participation? Yes No

If yes, please specify:

Do you have any access or health needs? Yes No

If yes, please specify:

Do you have any specific learning needs we should know about? Yes No

If yes, please specify:

Emergency Contact Details

Name: Tel No:

Relationship: Mobile No:

Signature: Date:

Note: If filling in this form electronically you can just type your name instead of signing.

Please return this registration form to:

Recovery College East
128-130 Tenison Road
Cambridge
Cambs
CB1 2DP
Tel: 01223 227510

or:

Recovery College East
Gloucester Centre
Morpeth Close
Peterborough
PE2 7JU
Tel: 01733 746660 or 746662

Alternatively, you can e-mail it to: recoverycollegeeast@cpft.nhs.uk

ACCESSIBLE INFORMATION STANDARD

This is additional information required by CPFT to comply with NHS new standards.

Please answer **all three questions**. If you are unsure about how to answer any questions please ask a member of the Recovery College Team. Thank you.

Do you have any communication needs?

Yes No

If yes, please specify:

How would you like us to communicate with you?

What is the best way to send you information?

CONSENT FOR SENDING YOU FURTHER INFORMATION

Recovery College East occasionally receives information from other teams within CPFT, or from our partner organisations, **about events or activities that may be of interest or benefit to our students**. Please note: we would not share your contact information with any third party we would simply email or post information to you on their behalf.

We need your specific consent to contact you about these external events and activities. Please indicate your preference below. (You can change your mind at any time.)

- I am happy to receive this additional information via the college.
 - I do NOT wish to receive this additional information via the college.
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