

A project supported by the European Union's INTERREG VA Programme, Managed by the Special EU Programmes Body

Innovation Recovery College Enrolment Form

Please complete this form to enrol for courses. Tick here if you have previously attended courses

| | | | |
|--|--------------------------------------|--|---|
| Forename: | | Surname: | |
| Address: | | Town: | |
| County: | | Eircode/Postcode: | |
| Telephone No: | Mobile No: | Email: | |
| Gender (Please tick): | | | |
| Date of Birth: | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Non-defined |
| <p>Please also let us know if there any reasonable adjustments (ie. disability related) required in facilitating your attendance. We will make every effort to support your needs.</p> | | | |
| <p><i>PLEASE NOTE: Under the GDPR Legislation, May 2018, by enrolling with the Innovation Recovery Project you are agreeing to us holding your personal information. In order to fulfil our obligations with our funders, the following information will be shared with Co-operation And Working Together (CAWT), a partnership of Health and Social Care Trusts: Full Name, Date Of Birth, Postcode. It will be securely disposed of after 2025 and not used for any other reason than for the purpose of running the programme. The information shared with the funder will be statistical and will not contain any identifiable information.</i></p> | | | |
| Signature: | Date: | Please return completed forms by email to <i>zara.doherty@westerntrust.hscni.net</i> | |

NOTE : Please complete the *Pre* section of the Individual Recovery Learning Plan on the next page prior to attending the course

For Office Use Only

Check if already on database Added to Database Added to Course List Added to Distribution List

Beneficiary Number _____ **Signature (Admin)** _____

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INDIVIDUAL RECOVERY LEARNING PLAN

| | |
|-----------------------|---|
| Name | |
| Name of course | Parenting Anxious Children and Teenagers |
| Venue | Online |
| Date | 2nd February 2022 |

Pre Individual Recovery Learning Plan - Please complete prior to commencing training

| | |
|--|-----------------|
| What do I want to learn about / or to improve | Where am I now? |
| DATE: (Insert date you complete Pre Individual Learning plan) | |
| 1 | 1 2 3 4 5 |
| 2 | 1 2 3 4 5 |
| 3 | 1 2 3 4 5 |

1 I'm not there yet 2 I'm getting there 3 I'm almost there 4 I've got there 5 I'm further ahead

Post Individual Recovery Learning Plan - Please complete after your training

| | | |
|--|-----------------|------------|
| DATE: | | |
| What I wanted to learn about / or to improve | Where am I now? | Next steps |
| 1 | 1 2 3 4 5 | |
| 2 | 1 2 3 4 5 | |
| 3 | 1 2 3 4 5 | |

1 I'm not there yet 2 I'm getting there 3 I'm almost there 4 I've got there 5 I'm further ahead

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