

**North Ayrshire Wellbeing and Recovery College 2020-2021 Application Form**

This application should be completed with one of the Recovery College Student Services Team. Please telephone

01294 447355

Staff Member completing application:\_\_\_\_

1. **Personal Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATE |  | | | | | | | | | | | |
| Name |  | | | | | | | | | | | |
| Address  (including postcode) |  | | | | | | | | | | | |
| Contact No: |  | | | | | | | | | | | |
| Email Address |  | | | | | | | | | | | |
| Can we contact you by: | Phone |  | Email |  | Letter | |  | | Text | | |  |
| Can we contact you about other services and courses? | | | | | | Yes | |  | | No |  | |
| Can we share your information with NA HSCP for evaluation purposes | | | | | |  | |  | |  |  | |

1. **Contact name and telephone number in the event of an emergency:**

|  |  |
| --- | --- |
| Name of emergency contact |  |
| Relationship to you |  |
| Contact no: |  |

|  |  |
| --- | --- |
| **GP Surgery** |  |
| **GP Phone Number** |  |

We are asking for the following information to ensure that our courses are accessible to everyone who is eligible to take part. If you prefer not to give this information, please leave the space black.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of birth |  | Gender | Female |  | Are you a carer? | Yes |  |
| Male |  | No |  |
| Non-defined |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Prefer not to say |  | Black African |  |
| Eastern European |  | Black Other |  |
| Black Caribbean |  | Asian Indian |  |
| Asian Chinese |  | White |  |
| Asian Pakistani |  | Other |  |

**Do you have any medical or mental health issues we should be aware of?**

|  |
| --- |
|  |

**3.RISK ASSESSMENT, SAFEGUARDING OR PROTECTION ISSUES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you know of any areas of risk/concern that RAMH should be aware of** | Yes |  | no |  |
| If yes please provide details |

**4.How did you find out about Wellbeing and Recovery College?**

|  |
| --- |
|  |

**5. What support do you need to participate in the Recovery College? (Barriers e.g hearing/dyslexia/no device)**

|  |
| --- |
|  |

**6 Hopes and Aspirations**

What do I want to learn/improve from attending The Wellbeing and Recovery College?

|  |
| --- |
| **1.** |
|
| **2.** |
|
| **3.** |
|

**What are your long-term goals? (Miracle Q)**

“Supposing you went to bed tonight and while you are asleep a miracle happens and life for you is at good as it could be..... what would that miracle day be like for you? What would you be doing? What would you be feeling? What would you be noticing? What might other people notice about you?”

And if all of that is a 10 and 0 is no sign of that what score would you give yourself now? **Scale 0-10 \_\_\_\_\_\_\_\_\_**

**And what might take you up ½ a point or one point? What little goal could you set yourself now?**

|  |
| --- |
|  |

**7. Wellbeing Scales**

**We would like to know about the impact in which taking part in the Wellbeing and Recovery College has on your life. Please rate yourself against the following areas.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **1. I have good coping and self-management skills** | |  |  |  |  |  |  |  |  |  |  |
| **2. I am able to make good connections with others (friends, family and peers)** | |  |  |  |  |  |  |  |  |  |  |
| **3. I have a sense of empowerment (feel in charge of my life) and feel confident in making decisions** | |  |  |  |  |  |  |  |  |  |  |
| **4. I have a sense of hope and optimism for the future** | |  |  |  |  |  |  |  |  |  |  |
| **SCORE** | **/40** | | | | | | | | | | |

**8. Short Warwick Edinburgh Mental Wellbeing Scale (S) WEMWEBS**

**Below are some statements about feelings and thoughts.**

**Please circle the number that best describes your experience over the last 2 weeks.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Statement** | **None of the time** | **Rarely** | **Some of the time** | **Often** | **All of the time** |
|  | **1** | **2** | **3** | **4** | **5** |
| 1. **I’ve been feeling optimistic about the future** |  |  |  |  |  |
| 1. **I’ve been feeling useful** |  |  |  |  |  |
| 1. **I’ve been feeling relaxed** |  |  |  |  |  |
| 1. **I’ve been dealing with problems well** |  |  |  |  |  |
| 1. **I’ve been thinking clearly** |  |  |  |  |  |
| 1. **I’ve been feeling close to other people** |  |  |  |  |  |
| 1. **I’ve been able to make up my own mind about things** |  |  |  |  |  |
|  | **DATE** |  |  | **SCORE** |  |

**9. PLANNING**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Track 1** | **\*** | **Track 2** |  | **Track 3** |  |
| **LEARNING NEEDS** | | | **COURSES REQUIRED/REQUESTED** | | |
| **1.**  **I** | | |  | | |
| **2.** | | |  | | |
| **3.** | | |  | | |
| **4.** | | |  | | |

|  |
| --- |
| Any other information  Ask in here about interests/ support networks etc…(capture the details of the conversation) |

**Date \_\_\_\_\_\_\_\_\_ Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RAMH Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**