

# Enrolment form

## Personal details

Student name:

Date of birth:

Address:

Email:

Phone:

## Name of the course(s) you wish to enrol in

Course Name	Location	Start Date

Have you previously enrolled in a Discovery College course?

Yes

No

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

Do you currently use a community mental health service such as headspace? If so, which one?

How did you hear about Discovery College?

What days and times would suit you to meet with a member of Discovery College to discuss your enrolment?

Who would you like us to contact in the event of an emergency or if you need us to arrange extra support?

Personal contact

Professional contact

Name:

Name:

Phone:

Phone:

Relationship to you:

Relationship to you:

Things to watch out for and how we can help

What are some of the things that might help you participate in the course?

How can we support you when things are difficult?

Office use only:

hYEPP       headspace standard       CYMHS/other AMHS       Other (specify)

Group timetable provided?       Yes       No

Any other information:

Name:

Co-signed name (if required):

Signature:

Co-signed by parent/family member:

Date:

Date:

Please complete this form and email to [info@discovery.college](mailto:info@discovery.college)