

RECOVERY COLLEGE  
ISLE OF MAN (RCM)

# REGISTRATION FORM



HOPE • CONTROL • OPPORTUNITY

## YOUR DETAILS

NAME			
DATE OF BIRTH		CONTACT NUMBER(S)	
ADDRESS			
EMAIL ADDRESS			
*GENDER		*ETHNICITY	

\*We want to ensure all Manx residents are accessing our services equally, and giving us these details allows us to see if this is the case. However, if you prefer not to say, simply leave the box blank.

## YOUR LEARNING EXPERIENCE

Are there any specific conditions that may create additional needs or impact your learning experience we should know about?

- Learning/Communication difficulties
- Physical health conditions
- Accessibility requirements

If you ticked yes, to any of these, please detail specifics below:


Preferred pronouns (please tick as many as apply)

- He/Him/His
- She/Her/Hers
- They/Them/Theirs
- Other (please write in place of box)

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How would you prefer us to contact you?  
(please tick one)

- Letters
- Email

## EMERGENCY CONTACT DETAILS

NAME			
RELATIONSHIP TO YOU			
CONTACT NUMBER(S)			

## COURSE SELECTION

Please tick **no more than three**. See our prospectus for more information on each course's content and schedules.

- Cross Stitch for Wellbeing
- Workshop for Wellbeing
- Get Into...
- WRAP
- Journaling for Wellbeing
- Lifestyle Strategies
- Assertiveness & Confidence

## CONSENT

I agree to abide by RCM's rules and regulations and understand that any personal data submitted on the application form will be processed for the purposes of education and training administration, including analysis for management and statutory returns. Information will be processed by RCM in accordance with the General Data Protection Regulations (GDPR).

Please tick once you have read this:

Today's date:

## CRIMINAL CONVICTION DISCLOSURE

*UCM is committed to creating learning environments where there is fairness, mutual respect, trust and equal opportunity.*

**Have you ever been convicted in a criminal court, cautioned, or bound over to be of good behaviour for any offence?** This includes offences under the Income Tax Act 1970 and offences under the Social Security Administration Act 1992, but not including motoring offences. Please note that you do not need to disclose convictions which are considered to be spent pursuant to the Rehabilitation of Offenders Act 2001 (see [www.gov.im/categories/working-in-the-isle-of-man/rehabilitation-of-offenders/](http://www.gov.im/categories/working-in-the-isle-of-man/rehabilitation-of-offenders/) for further information). Please note that if your answer is 'yes', we will contact you for further details. We will treat all such disclosures as confidential.

Yes

No

**Thank you for filling in all details asked of you. Please hand your completed form in to reception at CMHSA or UCM, or scan a copy to [recoverycollege@gov.im](mailto:recoverycollege@gov.im). We will process your registration and begin the enrollment process, and you will hear back from us in due course.**