

All information from the registration form will be kept in compliance with the Data Protection Act 1998.

### Personal and Contact Details

Full Name:

Date of Birth:   
(DD/MM/YYYY)

Current Address:

Postcode:

Telephone:

Mobile:

Email:

Preferred method of contact: (please tick one)

Letter  Telephone  Mobile  Email  Text

Do you currently access Bromley & Lewisham Mind services? Yes  No

Would you like to receive information concerning future courses and events?  
Yes  No

## Contact in Case of Emergency

Name:

Telephone:

I would like to attend the following courses:

	Course Title	Start Date
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>

Signature:

Date:

How did you hear about the Recovery College?

Please post your completed form to:

Bromley Recovery College  
Bromley & Lewisham Mind  
Stepping Stones  
38 Mason's Hill  
Bromley  
BR2 9JG