

Recovery College Enrollment Form

First Name: _____ Last Name: _____

Pronouns: _____ Address: _____

Postal Code: _____ Phone: _____

Email: _____

Preferred method of contact: Phone Email Text

*please notify us if there are specific needs regarding these communication methods

We invite you to connect with a member of staff to develop an individualized learning plan if needed. A staff member can provide assistance to identify goals, hopes and ambitions for your education journey.

Would you like to learn more about developing an individualized learning plan? Yes No

Do you have specific learning needs that we should be aware of to help with your learning process? Yes No

If yes, please describe. We will make every effort to support your needs.

Optional: Please identify your interest to enroll in the Recovery College. Please check all that apply (this information will remain confidential)

- I have lived experience with a mental health and/or addiction challenges
- I am a care provider for someone living with a mental health and/or addiction challenge
- I am a family member/friend of someone living with a mental health and/or addiction challenge
- I am a volunteer or staff member of someone living with a mental health and/or addiction challenge
- I have an interest in mental health recovery

Is there anything else that may impact your involvement at the Recovery College Yes No

If yes, please describe. We will make every effort to support your needs.

Student Signature: _____ Date: _____

To return form or for more information, please contact us!

Phone: 613 540 6165 Ext 34401 Email: recoverycollege@providencecare.ca

Fax: 613 540 6169