

One Day Event Friday 21 September 2012

Wellness Recovery Action Plan
A Mandate to the NHS Commissioning Board

Delegate Registration Form



Please complete one registration form per individual delegate.

Personal Details

Name:

Role (Person in Recovery* / Family Member / Job Title /Other):

Organisation:

Address:

Email:

Mobile:

Telephone:

Fax:

Lunch and refreshments will be provided.

Meal preferences (Vegetarian / Non-vegetarian / Other (please specify any special dietary requirements):

Please specify any access requirements you may have:

Questionnaire

Have you participated in a WRAP workshop?

Yes / No (please delete as appropriate)

If 'Yes', who was/were your facilitator(s)?

(Please bring your certificate with you on the day)

Have you participated in a 5-Day Mental Health Recovery and WRAP Educator 'Training the Trainers' Educational Learning Programme?

Yes / No

If 'Yes', who was/were your facilitator(s)?

(Please bring your certificate with you on the day)

Do you wish to join 'WRAP Network British Isles' to be kept informed of WRAP events?

Yes / No

Please tell us why you want to participate at this one day event?

*We are defining 'Recovery' as taking (back) control of one's life in the presence or absence of illness.

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Registration Fees

Statutory Organisations/Private Sector
£150 per person

Voluntary Organisations
£110 per person

Concessionary rate for those people who participated in the National Department of Health Care Services Improvement Partnership Recovery Programme / Mental Health Recovery and WRAP Educator 'Training the Trainers' Facilitator Learning Programme (Please bring your certificate with you on the day)
£100 per person

Individual, Community Group Member, Mutual & Co-operative Societies
£80 per person

Registration Fee Paid: £_____

Methods of Payment

Payment of the registration fee can be made either by cheque, by BACS, or by credit card, debit card or PayPal on the Sefton Recovery Group Network website.

Cheques should be enclosed with this form and made payable to 'Sefton Recovery Group Network'.

BACs (or cash) payments should be made in advance of sending this form. The account details are:

Name: Sefton Recovery Group Network	Account Number: 00691963
Bank: Lloyds TSB	Sort Code: 30-99-19

Credit card, debit card and PayPal account payments will be processed by PayPal and should be made in advance of sending this form. Please visit www.seftonrecoverygroup.org.uk/events/registration.html

I have paid my fee by (please delete as appropriate):

Cheque (enclosed)

BACs (please supply reference number)

PayPal (please supply account email or PayPal receipt number so we can cross-reference your payment)

Application for a Sponsored Place

A percentage of sponsored places are available for people on low income. If you would like to apply for a sponsored place please detail why below. (Please note that this does not guarantee your registration. Successful applicants for sponsored places will be notified.)

Please return your completed form to:

Sefton Recovery Group Network, Suite 15, Imperial Court, Exchange Street East, Liverpool L2 3AB
or email it as an attachment to recovemast@aol.com

Your registration will be confirmed on receipt of both this form *and* your registration fee.