

# BOOST COURSE REQUEST FORM

# *PRIVATE & CONFIDENTIAL*

*Please note:*

Please ensure you answer every question on this form with as much detail as possible to give us the best understanding of your interest in the course.

Contact Details

Name: ………………………………………………………………………………………………………

Date of Birth: …………………… Male / Female: ………………..

Address: ………………………………………………………………………………………………………

………………………………………………………………………………………………………

Post Code: …………………......... Tel No. Home: ………………………………........

 Mobile: ...……………………………........

Email address: ..………………………………………………………………………………

Is it acceptable to you for us to leave a message:

(a) with someone answering your phone Yes⁭ or No

(b) on your answer machine Yes or No

Do you have any physical health problem(s)?

Yes 🞎 No 🞎

If yes, please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any mental health difficulties? For example, anxiety problems, depression etc.

Yes 🞎 No 🞎

If yes, please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you want to attend the Boost: Emotional Resilience Course?

Where did you hear about the Boost: Emotional Resilience Course?

If you would like to receive details of future health and wellbeing services delivered by Self Help please tick here 

*PLEASE RETURN THIS FORM TO:*

SELF-HELP

Community Services, Oakland House, 76 Talbot Road, Manchester M16 0PQ

 or email it to:

communityservices@selfhelpservices.org.uk