**IF YOU WOULD LIKE TO ENROL IN ANY OF OUR COURSES PLEASE FILL IN THIS FORM**

|  |  |
| --- | --- |
| **Your full name:** |  |
| **Your telephone/s:** |  |
| **Your e-mail:** |  |

**Please apply for the courses you would like to attend by filling in the section below.**

**Feel free to apply for just one course, or for as many courses as you like.**

**For details of courses on offer this term, see course guide booklet**

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| --- | --- |
| **Course name:** |  |
| **Date and time:** |  |
| **Venue :** |  |

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| **Course name:** |  |
| **Date and time:** |  |
| **Venue :** |  |

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| **Course name:** |  |
| **Date and time:** |  |
| **Venue :** |  |

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| **Course name:** |  |
| **Date and time:**  |  |
| **Venue :** |  |

**PLEASE RETURN THE FORM:**

**By post: Tower Hamlets Recovery College, 86 Old Montague Street, London E1 5NN**

**By email: to** **thrc@elft.nhs.uk**

**In person: to Tahara Matin or Rob Pickard at 86 Old Montague Street, London E1 5NN**

**Or telephone on: 0207 426 2332 or phone/text 07908 459 239**

***If you need any help with this form or have any questions or enquiries please give us a call or visit us in person. We look forward to meeting you!***