



School of English Literature, Language and Linguistics
The Inclusive Learning and Teaching Project

STORYING SHEFFIELD

Your name:

Your address:

Your home phone number (if you have one):

Your mobile phone number (?):

Your email address (?):

Date of birth:

The best way to contact me is.....

Please tick one of the following boxes:

Yes, I wish to join the Storying Sheffield course.

I am interested in the course but don't want to join now; please let me know about developments.

The course will start properly in February 2012, but there will also be some optional events before that. Joining the course will commit you to attending about 12 seminars on Friday mornings between 10.00 and 1.00. Seminars will be held between February and May 2011.

Completion of the course will entitle you to receive a University of Sheffield signed course certificate.

Signed:..... Date:.....

Storying Sheffield works mainly but not exclusively with people who use mental health services or have personal experience of mental distress, or people who have physical disabilities.

*****Please return this form to Brendan Stone at the address below.*****

CONTACT INFORMATION FOR STORYING SHEFFIELD

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You can read more about Storying Sheffield at www.storyingsheffield.com