**Free Virtual Courses Wellbeing Courses**

**Your local EPP Cymru area are currently delivering the following courses across Gwent via Zoom:**

* **Living with Chronic Pain** – 2:00 hour sessions over 6 weeks
* **Living with Long Term Health Conditions** – 1.5 hour sessions over 6 weeks
* **Living Well with Diabetes** – 2:00 hour sessions over 6 weeks
* **Cancer - ‘Thriving and Surviving’** – 2:00 hour sessions over 6 weeks
* **Stance Diabetic Footcare** - a single 1 hour and 30 mins session
* **Introduction to Self-Management** - a single 1 hour and 30 mins session
* **Caring for Me and You**- 2:00 hour session over 6 weeks
* **Post Covid support dual sessions**- 2:00 hour sessions twice in 1 week
* **Post Covid Recovery**- 2:00 hour sessions over 6 weeks

*Each six-week course is accompanied by an introductory session that gives an overview of Zoom & its functions, and also introduces the participants to the Tutors & the course they will be attending.* The courses will be run in groups of up to ten participants, and aims to develop the fundamentals of self-management skills for people living with a range of health conditions and also for carers.

Participants will be led through a structured course by trained Tutors (the majority of which are Volunteers), who themselves have experience of making life changes as a result of a long term health condition.

* Our EPP Cymru courses help give participants the confidence to take responsibility for their own care, whilst also encouraging them to work in partnership with health and social care professionals.
* What makes EPP Cymru special is the sharing of skills and experience with people who have to deal with the same things as each other.
* **NB:** EPP courses do not provide any health condition or treatment information, nor does it look at specific health needs.
* All courses will be delivered virtually via Zoom, until further notice**. If you would be interested in taking part in any of these courses, complete the Form on the next page and return to us via post or email.**

**EPP Enquiry / Referral / Booking Form**

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| **I would like to register for the following course(s):** | | | | | | | | | | | | | | | | | | |
| Living with Chronic Pain | | | Living Well with Diabetes | | | | | | | | | | Stance Diabetic Footcare | | | | | |
| Living with Long Term Health Conditions | | | Cancer – ‘Thriving and Surviving’ | | | | | | | | | | Introduction to Self-Management | | | | | |
| Carers Introductory Session | | | Caring for Me and You | | | | | | | | | | 5 Ways to Wellbeing | | | | | |
| Living Well with Mental Health | | | Post COVID-19 Management | | | | | | | | | | Post COVID-19 Support | | | | | |
| Name: Mr/ Mrs / Ms / Miss | | |  | | | | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | |
| Postcode: | | |  | | | | | | | | | | | | | | | |
| Landline and/or Mobile: | | |  | | | | | | | | | | | | | | | |
| Email Address: | | |  | | | | | | | | | | | | | | | |
| GP Surgery & area: | | |  | | | | | | | | | | | | | | | |
| **About You** | | | | | | | | | | | | | | | | | | |
| **Please state main health condition(s)** |  | | | | | | | | | | | | | | | | | |
| **Are you a Carer?** | Yes / No | | | | **Where did you hear about EPP?** | | | | |  | | | | | | | | |
| **Gender** (please tick ✓ or highlight) | Male | | | | | | | Female | | | | | | | Other | | | |
| **Age** (please tick ✓ or highlight) | 18-24 | | | 25-34 | | | 35-44 | | 45-54 | | | 55-64 | | | | 65-74 | | 75+ |
| **Ethnicity** (please tick ✓ or highlight) | White | | | | | Black | | Asian | | | Chinese | | | | Mixed | | Other | |
| **First Language** (please tick ✓ or highlight) | English | | | Welsh | | | Other | | | **Would you prefer the course to be delivered in:** English / Welsh / Either | | | | | | | | |
| **GDPR Compliance** I hereby give permission for the information I give to be held in a secure database while I am a Participant on an EPP course and that it will not be shared with ANY third party without my knowledge. Please tick ✓ | | | | | | | | | | | | | | | | | |  |
| **Participant Signature** (typed signature is acceptable)**:** | |  | | | | | | | | | | | | **Date:** | | | |  |