

# ABORIGINAL CAREERS IN MENTAL HEALTH



## GUIDELINES FOR CLAIMING INCENTIVES

## Acknowledgements

*MHCC acknowledges the traditional custodians of the land, both past and present & the youth of the future*

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## **Introduction to Claiming Incentives**

The purpose of the **Guidelines for Claiming Incentives** is to provide a step by step guide to assist organisations to claim incentives as part of the Aboriginal Careers in Mental Health (ACIMH) initiative. The Service Agreement signed by organisations provides broad details regarding claiming incentives however this Guide will provide a practical and streamlined approach to assist organisations to make claims. Both organisations and MHCC may refer back to the Service Agreement for clarification regarding claiming.

The Guide will assist you to claim the following incentives:

- Employment Incentives
- Work Preparation Incentives
- Block Release Travel claims
- New Entrant Traineeship claims

### **Overview of forms**

All forms are attached to this guide however they are also available for download from the MHCC website at any time. Organisations will be notified if forms change however it is best to go to the website and make sure you have the latest version of the forms.

The following forms must be completed to claim the relevant incentive.

<b>Form</b>	<b>Relevant incentive</b>	<b>Frequency</b>	<b>Attachment Number</b>
<b>Participant Commencement Advice Form</b>	Employment	Only for the first instalment of the Employment Incentive	DEEWR Advice Form 1
<b>Employment Incentive Claim Form</b>	Employment	To be completed for every subsequent Employment Incentive Claimed	Claim Form 2
<b>Work Preparation Request Form</b>	Work preparation	To be submitted and approved within the first 3 months of trainee starting	Request Form 3
<b>Work Preparation Claim Form</b>	Work preparation	Submitted when Trainee completes their Work Preparation Training	Claim Form 4
<b>Block Release Travel Claim Form</b>	Block Release	Complete after every Block Release has been completed	Claim Form 5

### ***Submitting Incentive Claims***

All claims must be sent to the Aboriginal Project Officer to be processed. Claims can be emailed, faxed or posted.

Aboriginal Project Officer  
PO Box 668 Rozelle NSW 2039  
02 9555 8388 ext 115  
02 9810 8145  
Email: [Aboriginalprojects@mhcc.org.au](mailto:Aboriginalprojects@mhcc.org.au)

Please ensure claims are submitted with all the specified documentation. If claims are incomplete there may be a delay in processing the claim. When completed claims are received, MHCC will subsequently invoice DEEWR, and will remit the instalments to the Host Employer once payment is received.

**We would appreciate Host Employers to complete bulk claims for individual Trainee's or bulk claims for multiple trainee's to reduce administration.**

For any questions about making a claim please contact the Aboriginal Project Officer.

## 1. Employment Incentives

Each Host Employer will receive a total of \$6600 per year per F/T participant in total \$13200 including GST via the MHCC. Table 1 provides provision for P/T trainees. The employment incentive is only available per placement.

If a trainee leaves a placement, the Host Employer can negotiate with MHCC to replace the trainee in order to continue to receive payment of this incentive. If the trainee is not replaced the Employment Incentive will cease.

**Table 1**

<b>Employment Incentive Payment Schedule (inc GST)</b>			
	<b>Full time 38 Hours P/W</b>	<b>Part Time 8 - 24 Hours P/W 50% of the payments</b>	<b>Part Time 25 - 34 Hours P/W 75% of the payments</b>
Commencement	\$1600	\$800	\$1200
After 13 weeks	\$1450	\$725	\$1087.50
After 26 weeks	\$1450	\$725	\$1087.50
After 39 weeks	\$1450	\$725	\$1087.50
After 52 weeks	\$1450	\$725	\$1087.50
After 65 weeks	\$1450	\$725	\$1087.50
After 78 weeks	\$1450	\$725	\$1087.50
After 91 weeks	\$1450	\$725	\$1087.50
After 104 weeks	\$1450	\$725	\$1087.50

### 1.1 Claiming the commencement incentive

The initial instalment may be invoiced from the date the trainee commences employment.

To claim the commencement incentive:

- Submit **Participant Commencement Advice Form** and **Tax Invoice** for the initial amount
- If you have authorised MHCC to deduct the annual coordination fee from your first payment, please set out your invoice as follows:

Employer Incentive Payment 1	\$1600 incl GST
Less \$1000 MHCC Coordination Fee	(\$1000) incl GST
Total Due	\$600 incl GST

If the Host Employer has not authorised MHCC to deduct the annual Coordination Fee MHCC will invoice the organisation. Host Employers are required to pay the Coordination Fee within 14 days of receipt of the MHCC invoice.

## **1.2 Claiming subsequent incentives**

To claim subsequent incentives:

- Submit **Employment Incentive Claim Form, Tax Invoice** and the most recent **Trainee Payslip\***

\*Trainee Payslip - DEEWR requires evidence that the Trainee is in continued employment.

## **2. Work Preparation Incentives**

Funding is available up to \$1000 (inclusive of GST) per placement to undertake industry specific training and training tailored towards job readiness in preparation for the employment placement. Work preparation training may be undertaken within the first three months of the employment placement. The same level of work preparation incentive of \$1000 is available for both P/T or F/T trainees.

Funds are only available to purchase services externally specific to the needs of the individual, and should not be utilised to cover normal orientation activities. All Work Preparation activities must be approved by MHCC prior to commencement otherwise a Host Employer may not be eligible for the incentive.

In the event that a trainee leaves a placement, and is replaced, the Host Employer is only able to utilise the remaining funds available for that specific placement to provide work preparation training.

### **2.1 Work Preparation Requests**

To have the Work Preparation activity(s) approved and be able to claim the incentive:

- Complete a **Work Preparation Request Form** and submit to Aboriginal Project Officer for approval
- The Project Officer may clarify the request prior to approval
- When the request has been approved the Host Employer will be notified and can arrange the planned activity which must be delivered within three months of commencement
- One **Work Preparation Request Form** will be accepted per trainee

### **2.2 Work Preparation Claims**

To claim the Work Preparation incentive Host Employers must complete a **Work Preparation Claim Form** and submit:

- Work Preparation Claim Form
- Tax Invoice
- Receipts or Tax invoice from training or service provider
- Evidence of completion eg Attendance Certificate, letter from Service provider stating completion

Upon receipt of the Tax Invoice MHCC will reimburse the Host Employer for all expenses claimed to a maximum of \$1000 per participant. Multiple claims can be made for Trainee's on one form.

### **3. Block Release Training**

Trainees will complete the Certificate IV in Mental Health CHC40508 which is a nationally recognised qualification and is generally accepted as the appropriate qualification in NSW for mental health support workers in community services. To gain this qualification they will study with MHCC. MHCC will develop a training plan for each trainee, outlining how the qualification will be undertaken. The duration of the traineeship will be a 2 years. Training will be by block release offered in 20 days as 4 blocks of 5 days over 2 years.

The following table provides a guide regarding the incentives available for Block Release Training.

<b>Away from base training and accommodation</b>		
<b>Item</b>	<b>Participant based</b>	<b>MHCC Funding</b>
Accommodation	Within Metropolitan Sydney	Not provided
	Outside Metropolitan Sydney	Provided and organised by MHCC
Travel Costs	Within Metropolitan Sydney	Provided for Mileage or Public Transport costs
	Outside Metropolitan Sydney	Provided for Flights, Mileage or Public Transport
Food	All participants	Morning Tea, Lunch, Afternoon Tea provided by MHCC

#### **3.1 Accommodation Guidelines**

MHCC Aboriginal Project Officer will book accommodation for Trainee's from outside metropolitan Sydney. Most Hotels have a cancellation policy of up to 72 hours prior to check in. It is essential that Host Employers advise MHCC of a cancellation as soon as practicable.

#### **3.2 Travel Guidelines**

It is the responsibility of the Host Employer to facilitate the travel arrangements for trainees ensuring the most cost effective mode of transport is used. Where flights are required the Host Employer will book travel on a timely basis to ensure the most cost effective fare is available. MHCC reserves the right to only reimburse the most economical option for travel.

MHCC will not reimburse the following:

- Costs associated with any parking
- Cost of any taxi fares
- Travel costs incurred if trainees/cadets fail to attend block or leave the program early training



### 3.3 Training Fee guidelines

Host Employers are encouraged to ascertain if the Trainee is eligible for a State Government New Entrant Traineeship incentive prior to employment. To locate an Australian Apprenticeship Centre (ACC) speak to State Training Services Aboriginal Employment Unit.

New Entrant trainees may attract \$4000 incentives from the ACC paid as commencement and completion payments if they are eligible. To attract the new entrant traineeship incentive trainees must be working a minimum of 21 hours per week. The ACC assists the Host Employer to determine if the Trainee is eligible for the incentive.

It is the responsibility of the Host Employer to apply to the relevant AAC to have the trainee assessed in relation to their eligibility for State Government New Entrant Traineeship (SGNET) incentive and complete all associated paperwork nominating MHCC as the training provider.

**Incentives associated with New Entrant Traineeships are claimed through the ACC not through MHCC.** It is the organisations responsibility to make these claims. For enquiries regarding how to make these claims please speak to your ACC.

In the event that the trainee is not eligible for the SGNET incentive the Host Employer agrees to pay MHCC the standards costs for block release for the qualification. The standard fee schedule is available on the MHCC website.

In the event that a trainee requires additional training above and beyond the hours allocated for block training to qualify for the Certificate IV in Mental Health, the Host Employer or the Trainee may purchase additional training from MHCC at their standard rates to ensure the Trainee meets the requirements for the qualification.

In the event a Trainee ceases their participation in the program and the Host Employer employs a replacement Trainee it is the responsibility of the Host Employer to fund any training the replacement trainee has not attended due to their late entry into the program. MHCC will use best endeavours to assist the Host Employer where possible but makes no commitment under these circumstances.

### 3.4 Block Release Training Travel Claims

To claim Block Release Training incentives the Host Employers must complete a **Block Release Travel Claim Form** and submit:

- Block Release Travel Claim Form
- Tax Invoice
- Relevant evidence as per the table below

Transport type	Evidence required	Important provisions
Airfare	Tax Invoice	
Public transport	Tickets	
Mileage	Mileage log (start and finish km, from and to, total km, dates)	Only one mileage claim paid per trip per vehicle

Multiple claims can be made for Trainee's on one form.

## 4. Claiming forms

Form to submit	Evidence to attach	
<b>Participant Commencement Advice Form</b>	Tax Invoice	
<b>Employment Incentive Claim Form</b>	Tax Invoice and most recent Trainee payslip	
<b>Work Preparation Request Form</b>	No additional evidence required	
<b>Work Preparation Claim Form</b>	<ul style="list-style-type: none"> <li>• Tax Invoice</li> <li>• Receipts or Tax invoice from training or service provider</li> <li>• Evidence of completion eg Attendance Certificate, letter from Service provider stating completion</li> </ul>	
<b>Block Release Travel Claim Form</b>	Tax Invoice	
	<i>Airfare</i>	• Tax Invoice
	<i>Public transport</i>	• Tickets
	<i>Mileage</i>	• Mileage log (start and finish km, from and to, total km, dates)

# Form 1



## INDIGENOUS EMPLOYMENT PROGRAM

### PARTICIPANT COMMENCEMENT ADVICE FORM

<b>Provider / Funding Recipient:</b>		<b>Activity or Contract ID:</b>	
<b>Participant Details</b>			
<b>Surname:</b>		<b>First Name:</b>	
<b>DOB:</b>		<b>Gender(M/F):</b>	
<b>Home Number:</b>	(    )	<b>Mobile Number:</b>	
<b>House/Unit number"</b>		<b>Street Address:</b>	
<b>Suburb:</b>		<b>Postcode:</b>	

#### Participant Declaration

I certify that:

1. The information supplied above is correct; and
2. I am of Australian Aboriginal descent and/or Torres Strait Islander descent; and
3. I identify as an Australian Aboriginal and/or Torres Strait Islander; and
4. I am accepted as an Australian Aboriginal and/or Torres Strait Islander in the community in which I live or have lived;
5. I understand that giving false or misleading information is a serious offence; and
6. I consent to the use of my personal information described in the privacy notice below.

**Name:**

**Signature:**

**Date:**

#### Parent/Guardian Declaration *(if Participant is under 18 years of age their parent/guardian must sign at commencement)*

I agree to the participant participating in the activities described in this form.

I certify that:

2. The information supplied above is correct; and
3. I understand that giving false or misleading information is a serious offence; and
4. I consent to the uses of the Participant's personal information described in the privacy notice below

**Name:**

**Signature**

**Date:**

#### Provider Declaration:

I certify that:

1. I have witnessed the Participant sign the above Declaration; and
2. the individual records of the Participant and the Participant's parent/guardian (where applicable) will be held and produced if required by the Department;
3. I understand that giving false or misleading information is a serious offence; and
4. I have documentary evidence to support information contained in this form.

**Signature:**

  


**Position:**

**Name:**

  


**Date:**

#### Use of Personal Information of Participant and Participant's parent/guardian (where applicable) –Privacy Notice

DEEWR is collecting the Personal Information on this form to be used for the purposes of monitoring the IEP projects under the contract, verifying claims for payment, program evaluation and/or statistical analysis. In some instances this may entail sending the Personal Information on this form to the Department of Human Services, Centrelink, and the Department of Families, Housing, Community Services and Indigenous Affairs.

# Claim Form 2 EMPLOYMENT INCENTIVE



Aboriginal Careers  
in  
Mental Health

A Mental Health Coordinating  
Council Initiative

## EMPLOYERS DETAILS

NAME OF ORGANISATION:			
ADDRESS:			
PERSON LODGING CLAIM:		POSITION TITLE:	
PHONE:		MOBILE:	
EMAIL ADDRESS:			
DATE CLAIM MADE:			

TRAINEE NAME	Commencement Date	Employment hours	TICK CLAIM PERIOD	Tick Evidence Attached	Total Amount Claimed
		<input type="checkbox"/> Fulltime <input type="checkbox"/> Part time (8 – 24 hrs) <input type="checkbox"/> Part time (25 – 34 hrs)	<input type="checkbox"/> After 13 weeks <input type="checkbox"/> After 26 weeks <input type="checkbox"/> After 39 weeks <input type="checkbox"/> After 52 weeks <input type="checkbox"/> After 65 weeks <input type="checkbox"/> After 78 weeks <input type="checkbox"/> After 91 weeks <input type="checkbox"/> After 104 weeks	<input type="checkbox"/> Tax Invoice <input type="checkbox"/> Payslip	
		<input type="checkbox"/> Fulltime <input type="checkbox"/> Part time (8 – 24 hrs) <input type="checkbox"/> Part time (25 – 34 hrs)	<input type="checkbox"/> After 13 weeks <input type="checkbox"/> After 26 weeks <input type="checkbox"/> After 39 weeks <input type="checkbox"/> After 52 weeks <input type="checkbox"/> After 65 weeks <input type="checkbox"/> After 78 weeks <input type="checkbox"/> After 91 weeks <input type="checkbox"/> After 104 weeks	<input type="checkbox"/> Tax Invoice <input type="checkbox"/> Payslip	
		<input type="checkbox"/> Fulltime <input type="checkbox"/> Part time (8 – 24 hrs) <input type="checkbox"/> Part time (25 – 34 hrs)	<input type="checkbox"/> After 13 weeks <input type="checkbox"/> After 26 weeks <input type="checkbox"/> After 39 weeks <input type="checkbox"/> After 52 weeks <input type="checkbox"/> After 65 weeks <input type="checkbox"/> After 78 weeks <input type="checkbox"/> After 91 weeks <input type="checkbox"/> After 104 weeks	<input type="checkbox"/> Tax Invoice <input type="checkbox"/> Payslip	

**TOTAL CLAIM AMOUNT** \$

### Host Employer declaration:

- I am authorised to sign this claim form and certify that:
1. The Trainee or Trainee's are currently employed by our Organisation
  2. All information provided is accurate; and
  3. I have evidence to support the information contained in this form
  4. I understand that giving false or misleading information is a serious offence

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Office Use only

All documentation received  Yes  No Date: \_\_\_\_\_

Follow up required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Claim processed  Yes  No Date: \_\_\_\_\_

PLEASE RETURN FORM TO:

[Aboriginalprojects@mhcc.org.au](mailto:Aboriginalprojects@mhcc.org.au)

Fax:9810-8145

# Request Form 3 WORK PREPARATION



Aboriginal Careers  
in  
Mental Health

A Mental Health Coordinating  
Council Initiative

## EMPLOYERS DETAILS

<b>NAME OF ORGANISATION:</b>			
<b>ADDRESS:</b>			
<b>NAME OF MANAGER</b>			
<b>PHONE:</b>		<b>MOBILE:</b>	
<b>EMAIL ADDRESS:</b>			

## TRAINEE DETAILS

<b>NAME:</b>			
<b>PHONE:</b>		<b>MOBILE:</b>	
<b>EMAIL ADDRESS:</b>		<b>COMMENCEMENT DATE:</b>	

## WORK PREPARATION DETAILS

**PROPOSED ACTIVITIES AND WHY THIS IS REQUIRED:**


**Work preparation Plan:**

Date	Work preparation Training & Development Activities (Be as specific as possible)	Outcomes (How the activity will assist with the trainees work preparation and contribute to program objectives).	Timeframe for Action	Cost
<b>Total Cost</b>				<b>\$</b>

**Office Use**

<b>Approved</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date:</b>
<b>Comments:</b>		

**PLEASE RETURN FORM TO:**

**[Aboriginalprojects@mhcc.org.au](mailto:Aboriginalprojects@mhcc.org.au)**

**Fax:9810-8145**

# Claim Form 4 WORK PREPARATION



Aboriginal Careers  
in  
Mental Health

A Mental Health Coordinating  
Council Initiative

## EMPLOYERS DETAILS

<b>NAME OF ORGANISATION:</b>			
<b>ADDRESS:</b>			
<b>NAME OF MANAGER</b>			
<b>PHONE:</b>		<b>MOBILE:</b>	
<b>EMAIL ADDRESS:</b>			

## TRAINEE CLAIM DETAILS

TRAINEE NAME	ACTIVITY(S)	DATE COMPLETED	Tick Evidence Attached	Total Amount Claimed
			<input type="checkbox"/> Tax Invoice <input type="checkbox"/> Certificate of completion <input type="checkbox"/> Completion letter from provider <input type="checkbox"/> Other _____	
			<input type="checkbox"/> Tax Invoice <input type="checkbox"/> Certificate of completion <input type="checkbox"/> Completion letter from provider <input type="checkbox"/> Other _____	
			<input type="checkbox"/> Tax Invoice <input type="checkbox"/> Certificate of completion <input type="checkbox"/> Completion letter from provider <input type="checkbox"/> Other _____	
			<input type="checkbox"/> Tax Invoice <input type="checkbox"/> Certificate of completion <input type="checkbox"/> Completion letter from provider <input type="checkbox"/> Other _____	
<b>TOTAL CLAIM AMOUNT</b>				\$

<b>Office Use only</b>	
All documentation received <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Follow up required:	
Claim approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:

PLEASE RETURN FORM TO:  
[Aboriginalprojects@mhcc.org.au](mailto:Aboriginalprojects@mhcc.org.au)  
 Fax: 9810 8145

# Claim Form 5 - Travel BLOCK RELEASE TRAINING



Aboriginal Careers  
in  
Mental Health

A Mental Health Coordinating  
Council Initiative

EMPLOYERS DETAILS			
NAME OF ORGANISATION:			
ADDRESS:			
NAME OF MANAGER			
PHONE:		MOBILE:	
EMAIL ADDRESS:			

TRAINEE CLAIM DETAILS			
TRAINEE NAME	BLOCK RELEASE DETAILS	Tick Evidence Attached	Total Amount Claimed
	<input type="checkbox"/> BLOCK RELEASE 1 DATE _____ <input type="checkbox"/> BLOCK RELEASE 2 DATE _____ <input type="checkbox"/> BLOCK RELEASE 3 DATE _____ <input type="checkbox"/> BLOCK RELEASE 4 DATE _____	<input type="checkbox"/> Tax Invoice <input type="checkbox"/> Airfare –Tax invoice <input type="checkbox"/> Public Transport tickets <input type="checkbox"/> Mileage Log	
	<input type="checkbox"/> BLOCK RELEASE 1 DATE _____ <input type="checkbox"/> BLOCK RELEASE 2 DATE _____ <input type="checkbox"/> BLOCK RELEASE 3 DATE _____ <input type="checkbox"/> BLOCK RELEASE 4 DATE _____	<input type="checkbox"/> Tax Invoice <input type="checkbox"/> Airfare –Tax invoice <input type="checkbox"/> Public Transport tickets <input type="checkbox"/> Mileage Log	
	<input type="checkbox"/> BLOCK RELEASE 1 DATE _____ <input type="checkbox"/> BLOCK RELEASE 2 DATE _____ <input type="checkbox"/> BLOCK RELEASE 3 DATE _____ <input type="checkbox"/> BLOCK RELEASE 4 DATE _____	<input type="checkbox"/> Tax Invoice <input type="checkbox"/> Airfare –Tax invoice <input type="checkbox"/> Public Transport tickets <input type="checkbox"/> Mileage Log	
	<input type="checkbox"/> BLOCK RELEASE 1 DATE _____ <input type="checkbox"/> BLOCK RELEASE 2 DATE _____ <input type="checkbox"/> BLOCK RELEASE 3 DATE _____ <input type="checkbox"/> BLOCK RELEASE 4 DATE _____	<input type="checkbox"/> Tax Invoice <input type="checkbox"/> Airfare –Tax invoice <input type="checkbox"/> Public Transport tickets <input type="checkbox"/> Mileage Log	
	<input type="checkbox"/> BLOCK RELEASE 1 DATE _____ <input type="checkbox"/> BLOCK RELEASE 2 DATE _____ <input type="checkbox"/> BLOCK RELEASE 3 DATE _____ <input type="checkbox"/> BLOCK RELEASE 4 DATE _____	<input type="checkbox"/> Tax Invoice <input type="checkbox"/> Airfare –Tax invoice <input type="checkbox"/> Public Transport tickets <input type="checkbox"/> Mileage Log	
<b>TOTAL CLAIM AMOUNT</b>			\$

Office Use only	
All documentation received <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Follow up required:	
Claim processed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:

PLEASE RETURN FORM TO:  
[Aboriginalprojects@mhcc.org.au](mailto:Aboriginalprojects@mhcc.org.au)  
 Fax:9810-8145