

Enrolment Form for Smart and Skilled

When completed please attach your certified ID and other applicable documentary evidence then email to training@mhcc.org.au or post to PO Box 668 Rozelle, 2039
For further information phone 02 9555 8388 ext 106

This training is subsidised by the NSW Government. For up to date information about Smart and Skilled please go to <https://smartandskilled.nsw.gov.au> or call 1300 772 104.

You must be able to tick all of the following to be eligible:

- You are an Australian citizen or permanent resident or humanitarian visa holder or New Zealand citizen; and
- You are aged 15 years or older; and
- You live or work in NSW; and
- You are no longer at secondary school

Fee Categories (tick ONE box):

- Targeted Priorities Full Qualification** (CHC43315 Certificate IV in Mental Health or CHC43515 Certificate IV in Mental Health Peer Work)
- This is your first qualification; you have no post-secondary school qualification from any tertiary sector **(\$1990)**
 - This is your second or further qualification **(\$2320)**

- Targeted Priorities Part Qualification**
- You are enrolling in a Skills Group **(\$0)**
CHCMHS007 Work effectively in trauma informed care
CHCCCS003 Increase the safety of individuals at risk of suicide
HLTWHS006 Manage personal stressors in the work environment

- Traineeship**
- You are enrolling as a Trainee **(\$1000)**

- Concession**
- You are currently receiving a specified Commonwealth benefit or allowance **(\$240)**
Benefit/Allowance type: _____
(please provide evidence confirming receipt of benefit/allowance)

- Exemption**
- You are an Australian Aboriginal and/or Torres Strait Islander or a person with disability or a refugee/asylum seeker or recipient of Fee-Free scholarship **(\$0)**
(if person with disability, please provide evidence confirming receipt of Disability Support Pension or a certificate from a medical practitioner)

The student fees may be reduced if Credit Transfer/Recognition of Prior Learning (RPL) is granted for one or more units of competency. The eligibility for concession or exemption is assessed at enrolment and cannot be adjusted after enrolment.

**CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION TO THE
DEPARTMENT OF EDUCATION & COMMUNITIES AND OTHER GOVERNMENT
AGENCIES**

I _____
(First, middle and last name)

Of _____
(Current residential address)

With date of birth _____

Understand and agree that personal information (information or an opinion about me), collected from me, my parent or guardian, such as my name, Unique Student Identifier, date of birth, contact details, training outcomes and performance, or sensitive personal information (including my ethnicity or health information) (together **Personal Information**) collected by the Mental Health Coordinating Council (**MHCC**) may be disclosed to the Department of Education and Communities (**Department**).

The Department may disclose my Personal Information to other Australian government agencies, including those located in States and Territories outside New South Wales.

The above government agencies may use my Personal Information for any purpose relating to the exercise of their government functions, including but not limited to the evaluation and assessment of my training, the determination of my eligibility to receive subsidised training or for any Fee Exemptions or Concessions. My Personal Information may also be disclosed to other third parties if required by law.

I consent to the collection, use and disclosure of my Personal Information in the manner outlined above.

I also acknowledge and agree that the Department may contact me by telephone email or post during or after I have ceased subsidised training with MHCC for the purposes of evaluating and assessing my subsidised training.

PRINT FULL NAME: _____

SIGNATURE: _____ Date: ___ / ___ / ___
Applicant signature required – a typed name will not be accepted

Unique Student Identifier (USI)

A Unique Student Identifier (USI) is required for all students undertaking nationally recognised training. The USI links to an online account that contains all the training records and results that have been completed regardless of the training provider from 1 January 2015 onwards. This means you will be able to find, collate and authenticate your Vocational Education and Training achievements into a single transcript.

As per the USI legislation, MHCC will not be able to issue students with their certification documentation when they complete their course if they have not obtained a USI. MHCC requests students to get their USI on or before enrolment in a course. It is free to create your own USI and will only take a few minutes of your time by using the USI website <http://www.usi.gov.au/Students/Pages/default.aspx>. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.

Please ensure that the name you use in this form matches the name you used when you applied for your USI and the name appearing in your ID including any middle names.

My Unique Student Identifier is:

If you are having difficulty in getting your USI, MHCC can assist you. You will be required to provide us a current and valid form of ID, your contact details, and sign the authorisation below to enable us to apply for you.

I authorise MHCC to apply, pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.

Signature: _____ Date: _____

Applicant's Details			
Surname:			
Given Names:			Please circle Title: Mr Ms Mrs Miss
Home Address: <i>(CANNOT be a PO Box)</i>			
	Suburb:	State:	Postcode:
Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Tel (H):		Tel (W):	
Tel (M):		Fax:	
Email:	<i>You can include an alternative email address. Emailing is the most commonly used communication method.</i>		
Organisation/ Employer:		Position Title:	
Please confirm location you wish to attend:		<input type="checkbox"/> Sydney <input type="checkbox"/> Other _____	
Will you need any study support or assistance during training or assessment? If yes, please specify.			
Study Reason: Which BEST describes the main reason you are undertaking this study (tick ONE box): <input type="checkbox"/> To get a better job or promotion <input type="checkbox"/> To develop your existing business <input type="checkbox"/> To try for a different career <input type="checkbox"/> It was a requirement of your job <input type="checkbox"/> To start your own business <input type="checkbox"/> Other reasons <input type="checkbox"/> You wanted extra skills for my job <input type="checkbox"/> For personal interest or self-development <input type="checkbox"/> To get a job <input type="checkbox"/> To get into another course of study			
If enrolling for CHC43515 Certificate IV in Mental Health Peer Work, please tick ONE of the following: (Please skip if you are enrolling for CHC43315 Certificate IV in Mental Health or a Part Qualification course) You are a: <input type="checkbox"/> Consumer Peer Worker currently working (paid or unpaid) in an identified peer role providing <u>direct ongoing support</u> to other consumers as part of your day to day work or <input type="checkbox"/> Carer Peer Worker currently working (paid or unpaid) in an identified peer role providing <u>direct ongoing support</u> to other carers as part of your day to day work			
Please briefly describe what you do AND attach job description (Mandatory for CHC43515 Certificate IV in Mental Health Peer Work and optional for CHC43315 Certificate IV in Mental Health and Part Qualification enrolments)			

If any of the above details change, please advise us as soon as possible.

Please ensure you have attached a certified copy of photo identification to your application.

It is a requirement that all applicants provide a certified copy of photo identification such as driver licence or passport. Copied documents may be certified by a person who is authorised as a witness for statutory declarations which includes: JPs, pharmacists, doctors, nurses, optometrists, police officers, Australia Post officer, teachers. For a full list go to:

<http://www.ag.gov.au/Publications/Pages/Statutorydeclarationsignatorylist.aspx>

Employment Status

Of the following categories, which BEST describes your current employment status?

- Full time employee Part time employee, hrs/wk _____ Casual employee, hrs/wk _____ Employer
 Volunteer Self-employed Contractual, hrs/wk _____ Unemployed

What date did you start working for your current employer?

If unemployed/volunteer, what year did you finish with your last paid employment?

Cultural Background

Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes – Aboriginal	<input type="checkbox"/> Yes – Torres Strait Islander	<input type="checkbox"/> No - neither	
Citizenship status?	<input type="checkbox"/> Australian citizen	<input type="checkbox"/> New Zealand citizen	<input type="checkbox"/> Permanent resident	<input type="checkbox"/> Humanitarian visa holder
Country of birth?	<input type="checkbox"/> Australia	Other: _____		
Town/City of birth?				
Nationality?				
Do you speak a language other than English at home?	<input type="checkbox"/> No, only English	Yes, other main language: _____		
How well do you speak English?	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Not Well	<input type="checkbox"/> Not at All
Do you require any language, literacy or numeracy assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Disability

Do you consider yourself to have a disability, impairment or long-term condition? Yes No

Hearing/Deaf Medical Condition Other: Please specify _____
 Vision Intellectual
 Physical Learning
 Acquired Brain Impairment Mental illness

Education

What is your highest completed school level?

- Never attended school Year 8 or lower Year 9 Year 10 Year 11 Year 12

In which YEAR did you complete that school level?

Are you still enrolled in secondary or senior secondary education? Yes No

Have you completed any of the following recognised qualifications? Yes No

- Bachelor Degree or higher degree level Certificate IV (or advanced certificate) Certificate I
 Advanced Diploma or Associate Degree Certificate III (or trade certificate) Other Education: _____
 Diploma (or associate diploma) Certificate II

Previous Qualifications/Courses (for recognition or credit transfer)

To assist with your enrolment please attach certified copies of the transcripts of any relevant qualifications from the Community Services Training Package you may hold e.g. relevant Certificates, Statements of Attainment, Vocational Graduate testamurs, Diplomas, and higher education qualifications.

As part of the national training system, it is possible to gain credit for units of competency that were completed as part of another qualification through Credit Transfer or RPL with corresponding skills assessment. An assessor will review your transcript to see if any of the units will provide you with credit in one or more units of competency required to attain the qualification.

Please **do not** send originals of qualifications/transcripts with this application.

Note Some TAFEs and colleges may use their own unit names and coding and do not use the National Codes. If your transcript has TAFE codes, you will need to request a copy of your certificate from TAFE with National Codes (eg National Codes look like CHCCOM3C as opposed to TAFE code 4341A).

Please list the transcripts you have attached (ensure copies of your transcripts are certified).

Assessment

Assessment costs are included in the qualification fees. An assessment cost only applies if a student has already been withdrawn from a course or if their assessment task was not submitted within the due date and no request for extension was applied for or the unit has been marked Not Yet Competent after two resubmissions and the student wanted to redo the assessment.

Submitting assessments late without an approved extension or a third resubmission	\$50	\$50
Re-enrolling to submit assessment when already withdrawn from the course	MHCC Member \$125	Non-Member \$135

Disclaimer: MHCC reserves the right to vary course and/or assessment requirement at its discretion. This may occur when the Training Package is updated by SkillsIQ. However, MHCC will try to avoid or minimise any inconvenience to participants. Please refer to the MHCC website for the latest course information: www.mhcc.org.au

Refunds

Full refund for trainees and funded places	Withdrawal in writing received before the course start date
--	---

Please see the participant handbook for refund details

Invoicing

An invoice will be issued either to you or your employer, as per agreed arrangement, upon confirmation of enrolment.

How did you hear about this training?

Please tick the appropriate box below, to show how you heard about this course/qualification

- MHCC "Meet Your Neighbour" event (please state location)
- Conference (please state which conference).....
- MHCC flyer (if flyer was obtained from a particular conference, please state which conference above)
- MHCC website
- FYI e-newsletter
- LDU News (e-newsletter)
- Through my workplace
- Word of mouth
- Other (please state).....

Supervisor's Endorsement

Please ask your supervisor to fill out this section. This section is a part of the Selection Criteria and must be filled out. Application forms submitted without this information will not be assessed.

MHCC's CHC43515 Certificate IV in Mental Health Peer Work is customised for people working in identified consumer or carer peer work roles. Basically, a number of assessments include workplace tasks or documentation. To ensure you are equipped to successfully complete work-based assessments, we ask that your supervisor tick (for Yes) if your organisation will provide you with workplace support.

I confirm that I have read the Supervisor Handbook (located in www.mhcc.org.au) and that I endorse the applicant to study the course and I agree to support the applicant to:

(Tick those that apply)

- provide completed and de-identified workplace documentation such as recovery plans
- complete an activity log while studying, to document time spent and activities carried out with consumers or carers
- prepare and carry out group sessions or other activities within workplace parameters and using workplace protocols
- research tools, networks and other resources to assist consumers or carers
- access workplace policies, procedures and underpinning legislation
- access you, as their supervisor, to seek guidance and discuss role parameters
- develop, carry out and analyse surveys, audits or other improvement activities
- provide Supervisor Reports signed off by you confirming the applicant's skills and knowledge as required in different areas of their work (most subjects have a Supervisor's Report)
- put aside time to record stories of practice such as examples of recovery-oriented practice, trauma informed care, care relationships or assisting with self-advocacy
- create brochures, information sheets or use workplace communication channels following workplace protocols
- complete WHS activities in line with the applicant's role parameters
- answer questions around different topics and scenarios such as working with Aboriginal or culturally diverse people in the workplace, alcohol and other drugs, assess and respond to people at risk of suicide

Supervisor's Name:			
Position Title:			
Organisation Name:			
Tel No:			
Email:			
Supervisor's Signature:		Date:	

Supervisor's signature required – a typed name will not be accepted. We may contact you for verification

Participant Handbook Checklist

Please tick each of the following items after reading the Participant Handbook and before signing the declaration.

- I have read and understood the **course structure, duration and attendance requirement**
- I have read and understood the **student fees, MHCC refund policy, and the complaints process**
- I have read the **Assessment Requirements** section and understand assessments have to be submitted by their due dates
- I am aware that workplace evidence is used for all assessments and my workplace is supporting me to collect evidence and conduct workplace projects
- I am aware that when I enrol into my course I can access information and resources online
- I have read the **Contacts** section of the Participant Handbook and am aware of who to contact within MHCC if I need assistance

The following items are optional, please tick only when applicable

- I am applying for Recognition of Prior Learning
- I have completed studies related to the qualification and have attached certified copies of my transcripts

Consent and Declaration

This section must be read and signed in order to be eligible to study at MHCC

In completing this enrolment form you:

- declare that the information provided on this form to the best of your knowledge is true and correct
- confirm that your organisation will support you in the completion of this course, including workplace supervisor's reports and workplace based assessments
- allow MHCC to disclose information to your employer regarding your attendance at training sessions, completion of assessment tasks and results and additional support you may require. **If you do not wish this information to be provided to your employer, please advise MHCC in writing**
- understand that you may receive an AQTF learner survey questionnaire and your employer may receive the AQTF employer survey questionnaire.
- allow MHCC to submit data sourced from this enrolment form to Training Services NSW as a regulatory reporting requirement
- have read the MHCC Participant Handbook (available at www.mhcc.org.au) and understand your rights and responsibilities

Signature:



Date:

Student signature required – a typed name will not be accepted

Tick to confirm that you have attached the following to this application:

- certified copy of photo identification
- copy of your current job description (for CHC43515 Certificate IV in Mental Health Peer Work only)
- copy of your previous qualifications, if applicable
- evidence of concession or fee exemption, if applicable