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## Peer Work Scholarship Grants Program - Enrolment Form

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This scholarship program is designed to provide a formal qualification to people currently employed or looking to gain employment in relevant roles that provide direct peer support services to consumers and carers.

As part of the selection process for this scholarship, please tell us why you would like to complete the Certificate IV in Mental Health Peer work qualification.

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### Student Fee

Scholarship Co-contribution fee	\$500
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Please provide details of who MHCC should invoice for your co-contribution fee:

Name of Payee (Individual/Organisation): .....

Email Address: .....

Contact Number: .....

### Privacy Statement & Student Declaration

#### Privacy Notice

Under the *Data Provision Requirements 2012*, MHCC is required to collect personal information about you and to disclose that personal information to the National Centre for Vocational Education Research Ltd (NCVER).

Your personal information (including the personal information contained on this enrolment form and your training activity data) may be used or disclosed by MHCC for statistical, regulatory and research purposes. MHCC may disclose your personal information for these purposes to third parties, including:

- School – if you are a secondary student undertaking VET, including a school-based apprenticeship or traineeship;
- Employer – if you are enrolled in training paid by your employer;

- Commonwealth and State or Territory government departments and authorised agencies;
- NCVET;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVET may be used or disclosed for the following purposes:

- Issuing statements of attainment or qualification, and populating authenticated VET transcripts;
- facilitating statistics and research relating to education, including surveys;
- understanding how the VET market operates, for policy, workforce planning and consumer information; and
- administering VET, including programme administration, regulation, monitoring and evaluation.

You may receive an NCVET student survey which may be administered by an NCVET employee, agent or third party contractor. You may opt out of the survey at the time of being contacted.

NCVET will collect, hold, use and disclose your personal information in accordance with the *Privacy Act 1988* (Cth), the VET Data Policy and all NCVET policies and protocols (including those published on NCVET's website at [www.ncvet.edu.au](http://www.ncvet.edu.au)).

### **Student Declaration and Consent**

I declare that the information I have provided to the best of my knowledge is true and correct.

I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.

STUDENT SIGNATURE [or electronic acknowledgement].....

[DATE] .....

PARENT/GUARDIAN SIGNATURE [or electronic acknowledgement]\*.....

[DATE] .....

*\*Parental/guardian consent is required for all students under the age of 18.*

## Course Details

### Unique Student Identifier (USI)

From 1 January 2015, MHCC can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). In addition, we are required to include your USI in the data we submit to NCVET. If you have not yet obtained a USI you can apply for it directly at <http://www.usi.gov.au/create-your-usi/> on computer or mobile device. Please note that if you would like to specify your gender as 'other' you will need to contact the USI Office for assistance.

If you would like MHCC to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at question 10.

### 1. Enter your Unique Student Identifier (if you already have one) Unique Student Identifier (USI)

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## Course Details

### 2. a) Which qualification are you enrolling in?

CHC43515 – Certificate IV in Mental Health Peer Work

CHC43515 – Certificate IV in Mental Health Peer Work (Fast Track)

### b) For participants enrolling in the CHC43515 Certificate IV in Mental Health Peer Work; please tick ONE of the following: (Please skip this section if you are enrolling for CHC43315 Certificate IV in Mental Health or a Part Qualification course)

Consumer Peer Worker

Carer Peer Worker

### c) Training Location:

\_\_\_\_\_

### d) Student Support Will you need any study support or assistance during training or assessment? If yes, please specify.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*Please note: you will be asked to complete a Language, Literacy, and Numeracy (LLN) should you be accepted into a qualification.**

**e) Will you request for Recognition of Prior Learning or Credit Transfer?**

**\*(Not required for Fast Track courses)**

If yes, please attach **certified copies of certificates and transcripts** you may hold. 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. An assessor will review your transcript to see if you can be provided credit in one or more unit/s of competency to attain the qualification you are enrolling in.

Yes	<input type="checkbox"/>	Y
No	<input type="checkbox"/>	N

**Personal Details\***

**3. a) Gender and Title** (Tick ONE box for gender and tick ONE box for title)

Male	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>
Female	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Dr	<input type="checkbox"/>
Misc	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Rev	<input type="checkbox"/>

**b) Enter your full name \***

Family name (surname) \_\_\_\_\_

Given names \_\_\_\_\_

\* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want MHCC to apply for a USI on your behalf, **you must write your name, including any middle names, exactly as written in the identity document** you choose to use for this purpose. See section on the USI at page 7 of this form for a detailed explanation.

**c) Enter your birth date** \_\_\_/\_\_\_/\_\_\_\_\_  
(DD/MM/YYYY)

**d) Enter your contact details**

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email address \_\_\_\_\_

Alternative email address (optional) \_\_\_\_\_

**e) What is the address of your usual residence?**

Please provide the physical address (street number and name **not** post office box)

If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address.

Building/property name is the official place name or common usage name for an address site,

Building/property name

Flat/unit details

Street or lot number (e.g. 205 or Lot 118)

Street name

Suburb, locality or town

State/territory

Postcode

**f) What is your postal address (if different from above)?**

Building/property name

Flat/unit details

Street or lot number (e.g. 205 or Lot 118)

Street name

Postal delivery information (e.g. PO Box 254)

Suburb, locality or town

State/territory

Postcode

**g) When completed please attach your certified ID and other applicable documentary evidence then email to [training@mhcc.org.au](mailto:training@mhcc.org.au) or post to PO Box 668 Rozelle, 2039**

For further information phone 02 9555 8388 ext. 106.

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>

**Language and cultural diversity**

**3. a) In which country were you born?**

Australia

Other – please specify

**b) What is your citizenship status?**

Australian citizen	<input type="checkbox"/>	New Zealand citizen	<input type="checkbox"/>
Permanent resident	<input type="checkbox"/>	Humanitarian visa holder	<input type="checkbox"/>

**c) Do you speak a language other than English at home?**

(If more than one language, indicate the one that is spoken most often)

No, English only

Yes, other – please specify

**d) How well do you speak English** (Skip if you answer No to question 9)

Very Well	<input type="checkbox"/>	Not Well	<input type="checkbox"/>
Well	<input type="checkbox"/>	Not at all	<input type="checkbox"/>

**e) Are you of Aboriginal or Torres Strait Islander origin?**

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)

No

Yes, Aboriginal

Yes, Torres Strait Islander

**Disability**

**4. a) Do you consider yourself to have a disability, impairment or long-term condition?**

Yes  Y

No  N **No – Go to question 5a**

**b) If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:** (You may indicate more than one area)

Please refer to the Disability supplement for an explanation of the following disabilities.

Hearing/deaf	<input type="checkbox"/>
Physical	<input type="checkbox"/>
Intellectual	<input type="checkbox"/>
Learning	<input type="checkbox"/>
Mental illness	<input type="checkbox"/>
Acquired brain impairment	<input type="checkbox"/>
Vision	<input type="checkbox"/>
Medical condition	<input type="checkbox"/>
Other	<input type="checkbox"/>

### Schooling

5. a) What is your highest COMPLETED school level? (Tick ONE box only)

If you are currently enrolled in secondary education, the *highest school level completed* refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the *highest school level completed* is Year 9.

Year 12 or equivalent	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>
Year 9 or equivalent	<input type="checkbox"/>
Year 8 or below	<input type="checkbox"/>
Never attended school	<input type="checkbox"/> <b>Never completed any primary or secondary level education</b>

b) Are you still enrolled in secondary or senior secondary education?

Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N

### Previous qualifications achieved

6. a) Have you SUCCESSFULLY completed any of the qualifications listed in question 7b?

Yes	<input type="checkbox"/> Y
No	<input type="checkbox"/> N <b>No – go to question 7a</b>

b) If YES, tick ANY applicable boxes.

Bachelor degree or higher degree	<input type="checkbox"/>
Advanced diploma or associate degree	<input type="checkbox"/>
Diploma (or associate diploma)	<input type="checkbox"/>
Certificate IV (or advanced certificate/technician)	<input type="checkbox"/>
Certificate III (or trade certificate)	<input type="checkbox"/>
Certificate II	<input type="checkbox"/>
Certificate I	<input type="checkbox"/>
Other education (including certificates or overseas qualifications not listed above)	<input type="checkbox"/>

### Employment

7. a) Who is your employer? (Leave blank if currently unemployed)

Organisation name
Position title

Length in Role

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**b) Of the following categories, which BEST describes your current employment status?** (Tick ONE box only)

For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).

***Please attach a relevant mental health or peer work job description.***

	Hours Per Week
Full-time employee	<input type="checkbox"/>
Part-time employee	<input type="checkbox"/>
Self employed – not employing others	<input type="checkbox"/>
Self employed – employing others	<input type="checkbox"/>
Employed – unpaid worker in a family business	<input type="checkbox"/>
Unemployed – seeking full-time work	<input type="checkbox"/>
Unemployed – seeking part-time work	<input type="checkbox"/>
Not employed – not seeking employment	<input type="checkbox"/>

### Study reason

**8. Of the following categories, select the one which BEST describes the main reason you are undertaking this course/traineeship/apprenticeship** (Tick ONE box only)

To get a job	<input type="checkbox"/>
To develop my existing business	<input type="checkbox"/>
To start my own business	<input type="checkbox"/>
To try for a different career	<input type="checkbox"/>
To get a better job or promotion	<input type="checkbox"/>
It was a requirement of my job	<input type="checkbox"/>
I wanted extra skills for my job	<input type="checkbox"/>
To get into another course of study	<input type="checkbox"/>
For personal interest or self-development	<input type="checkbox"/>
Other reasons	<input type="checkbox"/>

### 9. Supervisor Endorsement

Completed by students enrolling in the Certificate IV in Mental Health Peer Work

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. 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.

Yes – Provide participant with workplace support

No – Cannot provide participant with workplace support

*I confirm that I have read the Supervisor Handbook*

<http://www.mhcc.org.au/media/46560/certivmhpw-supervisor-handbook.pdf> 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 for an extended period 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 applicants 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 participant'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

Supervisors Name

Position Title

Organisation Name

Contact No

Email

SUPERVISOR'S SIGNATURE [or electronic acknowledgement].....

[DATE] .....

**10. Application for Unique Student Identifier (USI)**

If you would like MHCC to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at

<<https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>>. You

must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf.

I [NAME] \_\_\_\_\_ authorise  
Mental Health Coordinating Council to apply pursuant to sub-section 9(2) of the Student Identifiers Act 2014, for a USI on my behalf.

I have read and I consent to the collection, use and disclosure of my personal information (which may include sensitive information) pursuant to the information detailed at <<https://www.usi.gov.au/documents/privacy-notice-when-rto-applies-their-behalf>>.

Town/City of Birth \_\_\_\_\_  
(Please write the name of the Australian or overseas town or city where you were born)

We will also need to verify your identity to create your USI.

**Please provide details for one of the forms of identity below (A to G).** Alternatively, you can provide a copy of the ID document instead of recording the information.

**Please ensure that the name written in 'Personal Details' section is exactly the same as written in the document you provide below.**

**a) Australian Driver's Licence**

State: \_\_\_\_\_ Licence Number: \_\_\_\_\_

**b) Medicare Card**

Medicare card number \_\_\_\_\_

Individual reference number (next to your name on Medicare card): \_\_\_\_

Card colour: (select which applies)

Green  Expiry date \_\_\_\_/\_\_\_\_/\_\_\_\_ (format MM/YYYY)  
(Month/year)

Yellow  Blue  Expiry date \_\_\_\_/\_\_\_\_/\_\_\_\_ (format DD/MM/YYYY)  
(Day/month/year)

**c) Australian Passport**

Passport number \_\_\_\_\_

**d) Non-Australian Passport (with Australian Visa)**

Passport number \_\_\_\_\_ Country of issue \_\_\_\_\_

**e) Immicard**

Immicard Number \_\_\_\_\_

**f) Citizenship Certificate**

Stock number \_\_\_\_\_

Acquisition date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Day/month/year)

### g) Certificate of Registration by Descent

Acquisition date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Day/month/year)

In accordance with section 11 of the *Student Identifiers Act 2014*, MHCC will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI.

### Assessment Policy

#### 11. MHCC Assessment Policy

Assessment costs are included in the qualification fees. An assessment cost only applies if a participant has already been withdrawn from a course or if their assessment task was not submitted 6 months after the due date and no request for extension was applied for or the unit has been marked Not Yet Competent after two resubmissions and they wish to redo the assessment for the third time.

Submitting assessments 6 months overdue without an approved extension or a third resubmission	\$50
Re-enrolling to submit assessment when already withdrawn from the course	\$125

*Disclaimer: MHCC reserves the right to discontinue/cancel or vary course and assessment at its discretion.*

#### 12. Check List / Handbook and other

- I have attached a certified copy of my photo identification and any relevant transcripts
- I have attached a current and relevant job description ((for CHC43515 Certificate IV in Mental Health Peer Work only)
- I have attached evidence of concession, if applicable.
- 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

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## Disability supplement

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### Introduction

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

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### **If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:**

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

#### '11 — Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

#### '12 — Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

#### '13 — Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18. It may result from infection before or after birth, trauma during birth, or illness.

#### '14 — Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

#### '15 — Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

#### '16 — Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance

abuse, degenerative neurological diseases or stroke. These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

**'17 — Vision'**

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

**'18 — Medical condition'**

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

**'19 — Other'**

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination. Autism spectrum disorders are reported under this category.