

Section 4: Employer Details (Leave blank if unemployed)

Employer Name	<input type="text"/>		
Learner Position Title	<input type="text"/>		
Employer Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Postcode	<input type="text"/>	Length in role	<input type="text"/>
Supervisor contact Number	<input type="text"/>	Supervisor Email	<input type="text"/>

Section 4.1: SUPERVISOR'S ENDORSEMENT

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

Please ask your supervisor to read this section. This section is a part of the Selection Criteria and must be acknowledged and signed.

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 consent if your organisation will provide you with workplace support.

I (Employer) confirm that I have read the Supervisor Handbook <http://www.mhcc.org.au/wp-content/uploads/2018/07/MHCC-Supervisor-Handbook-v1.2.2.pdf> and that I endorse the applicant to study the course and I agree to support the applicant to:

- Provide completed and de-identified workplace documentation such as recovery plans
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- 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

Supervisor's Name:

Position Title:

Supervisor's Signature: _____ **DATE:** ____ / ____ / ____

Section 5: Learner Personal Details

Given Name	<input type="text"/>	Family Name	<input type="text"/>
Middle Name	<input type="text"/>	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X
Date of Birth DD/MM/YY	<input type="text"/>	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other ____
Home Phone	<input type="text"/>	Work Phone	<input type="text"/>
Mobile	<input type="text"/>	Email	<input type="text"/>
Residential Address	<input type="text"/>	Suburb	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country of Birth	<input type="text"/>	City of Birth	<input type="text"/>
Nationality	<input type="text"/>	Unique Student Identifier	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Are you of Aboriginal or Torres Strait Islander origin?

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

- Yes, Aboriginal Yes, Torres Strait Islander
 Yes, both Aboriginal and Torres Strait Islander
 No

What is your highest COMPLETED school level?

- Year 12 or equivalent
 Year 11 or equivalent
 Year 10 or equivalent
 Year 9 or equivalent
 Year 8 or below

In which YEAR did you complete that school level? _____

- Never attended school

Are you currently enrolled in secondary school /TAFE/ Traineeship/Apprenticeship?

- No Yes

If yes, which of the following applies?

- School Based Apprenticeship
 Apprenticeship or Traineeship

Have you SATISFACTORILY completed any of the following qualifications in (AUSTRALIA/NZ)?

(tick any applicable boxes)

- Bachelor's Degree or Higher Degree level
 Advanced Diploma or Associate Degree level
 Diploma Certificate IV Certificate III
 Certificate II Certificate I
 No

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

- Full-time employee Part-time employee
 Employed – unpaid Self-employed
 Unemployed seeking work Unemployed not seeking work

What is your resident status?

- Australian Citizen
 Permanent Australian Resident
 New Zealand Citizen living in Australia 6 months or more
 Humanitarian Visa Holder
 Type of visa: _____

Do you speak a language other than English at home?

(If more than one language, what language is spoken most often)

- No, English only Yes, we also speak _____

How well do you speak English?

- Very well Well Not well Not at all

Are you of the opinion that you have a language, literacy or numeracy issue, challenge, impairment or long-term condition which may affect your progression throughout the program?

If YES, then please indicate the areas of challenge, impairment or long-term condition. *(You may indicate more than one area.)*

No Yes

- Hearing Vision Numeracy
 Physical Language Learning
 Intellectual Literacy Medical Condition
 Brain Impairment Mental Illness
 Other _____

What is your major reason for undertaking study?

- Seeking work Develop existing business
 Start my own business Try for a different career
 Get a better job/ promotion Requirement for my job
 Want extra skills for my job Personal/self-development
 Get into another course of study Other _____

Are you applying for assessment only?

No Yes

Are you applying for RPL?

No Yes

(Please refer to the MHCC handbook regarding RPL)

Are you seeking fee exemption or concession?

No Yes

(Please refer to our Fee Administration Policy in our Participant Handbook.)

Are you a client of an Employment Service Provider (ESP)?

No Yes

What is the ESP's name? _____

What is your Participant ID? _____

Did your ESP refer you to the training? No Yes

What is your referral ID? _____

Section 6: Learner Declaration

Privacy Notice and Learner Declaration:

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;
- NCVER;
- Organisations conducting student surveys; and
- Researchers.

Personal information disclosed to NCVER 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.

The information provided by you in this application form is collected by Mental Health Coordinating Council (MHCC) Inc (RTO #91296) and will be used for the purpose of general participant administration, planning and communication. The information contained herein may be provided to Governmental agencies that fund and/or accredit this course. The provision of this information is essential to determine your eligibility for a place in an MHCC course. I consent to MHCC obtaining all personal information necessary for the purpose of my application and course. Information provided will be held securely. Refer to MHCC Privacy Policy on website for further information. By completing and signing this form I understand and will adhere to MHCC's and the NSW Department of Education and Training policies.

Authority to View Documents: While you are undertaking your training program, there will be times when MHCC Inc and/or its training representative, needs to discuss your situation with others. This could be with your workplace supervisor/colleague, employer, workplace trainer, or Department of Education and Training. As part of our work there will also be a need to examine workplace samples to help assess your work against the training program requirements. Information may also be used by the Department of Education and Training for research, statistical analysis, program evaluation, post completion surveys, and internal management processes. Please be assured that any discussion held with these representatives will be for the purpose of your assessment and for your development. During the process we do not plan to discuss your evidence or work practices with other participants, unless we have your written permission to do so. You and your employer are required to give permission in writing for any of these discussions or viewing of evidences to occur and for samples of evidence and participant file information to be shared with MHCC Inc, as the Registered Training Organisation responsible for the training contract, or the Department of Education and Training.

Learner Declaration: By completing this form I give permission for an MHCC Representative to discuss my training program development and evidences with my employer, supervisor, or Department of Education and Training.

- I confirm:**
- I have completed a pre-training review, course induction over the phone or face to face and have contributed to the development of this document.
 - I am aware of my responsibility to ensure that this document and its ongoing development is implemented and monitored over the duration of the course.
 - That all details provided on this enrolment form are true and correct.
 - That I have obtained a copy of MHCC **Participant Handbook** from the MHCC

