ENROLMENT FORM Mental health Coordinating Council (MHCC)



Mental health Coordinating Council (MHCC) RTO No. 91296 ABN 59 279 168 647

Section 1: Qualification/Course Details (tick ONE box):					
CHC43315 Certificate IV in Mental Health					
CHC43315 Certificate IV in Mental Health Peer Work					
Fast Track CHC43315 Certificate IV in Mental Health					
Fast Track CHC43315 Certificate IV in Mental Health Peer Work					
Please tick (✓) one of the following for participants enrolling in the CHC43515 Certificate IV in Mental					
Health Peer Work:					
Consumer Peer Work Carer Peer Work					
Training Location:					
Funding Type Smart and Skilled Scholarships Fee for Service					
Delivery mode					
Section 2: Please complete if you are applying for the Cert IV in Mental Health Peer Work					
As part of the selection process for this qualification, please tell us why you would like to complete the Certificate IV in Mental Health Peer Work qualification?					
Section 3: Student Fee Details for Scholarships					
Please provide details of who MHCC should invoice for your \$500 co-contribution student fee:					
Name of Payee (Individual/Organisation):					
Email Address:					
Contact Number:					

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Section 4: Employer Details (Leave blank if unemployed)				
Employer Name				
Learner Position Title				
Employer Address				
Suburb	State			
Postcode	Length in role			
Supervisor contact Number	Supervisor Email			

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

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Supervisor's	Name:
Position Titl	e:
Supervisor's	Signature: DATE://
Section 5	5: Learner Personal Details
Given Name	Family Name
Middle Name	Gender
Date of Birth DD/MM/YY	Title Mr Mrs Ms Miss Other
Home Phone	Work Phone
Mobile	Email
Residential Address	Suburb
State	Postcode
Country of Birth	City of Birth
Nationality	Unique Student Identifier



Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal AND Torres Strait Islander origin, mark both boxes 'Yes'.)	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		
Yes, Aboriginal Yes, Torres Strait Islander	How well do you speak English?		
Yes, both Aboriginal and Torres Strait Islander	☐ Very well ☐ Well ☐ Not well ☐ Not at all		
☐ No	Are you of the opinion that you have a language, literacy or		
What is your highest COMPLETED school level?	numeracy issue, challenge, impairment or long-term condition which may affect your progression throughout the program?		
Year 12 or equivalent	If YES, then please indicate the areas of challenge, impairment or		
Year 11 or equivalent	long-term condition. (You may indicate more than one area.)		
Year 10 or equivalent	No Yes		
Year 9 or equivalent	☐ Hearing ☐ Vision ☐ Numeracy		
Year 8 or below	☐ Physical ☐ Language ☐ Learning		
In which YEAR did you complete that school level?	☐ Intellectual ☐ Literacy ☐ Medical Condition		
Never attended school	☐ Brain Impairment ☐ Mental Illness		
Are you currently enrolled in secondary school			
/TAFE/ Traineeship/Apprenticeship? ☐ No ☐ Yes	Other		
If yes, which of the following applies?	What is your major reason for undertaking study?		
School Based Apprenticeship	☐ Seeking work ☐ Develop existing business		
Apprenticeship or Traineeship	☐ Start my own business ☐ Try for a different career ☐ Get a better job/ promotion ☐ Requirement for my job		
Have you SATISFACTORILY completed any of the following qualifications in (AUSTRALIA/NZ)? (tick any applicable boxes)	☐ Want extra skills for my job☐ Personal/self-development☐ Get into another course of study☐ Other		
Bachelor's Degree or Higher Degree level	Are you applying for assessment only?		
Advanced Diploma or Associate Degree level	No Yes		
☐ Diploma ☐ Certificate IV ☐ Certificate III	Are you applying for RPL? No Yes		
Certificate II Certificate I	(Please refer to the MHCC handbook regarding RPL)		
□ No	Are you seeking fee exemption or concession?		
Of the following categories, which BEST describes your current employment status?	No Yes (Please refer to our Fee Administration Policy in our Participant Handbook.)		
☐ Full- time employee ☐ Part- time employee	Are you a client of an Employment Service Provider (ESP)?		
☐ Employed – unpaid ☐ Self-employed	No Yes		
☐ Unemployed seeking work ☐ Unemployed not	What is the ESP's name?		
seeking work			
What is your resident status?	What is your Participant ID?		
Australian Citizen	Did your ESP refer you to the training? No Yes		
Permanent Australian Resident	What is your referral ID?		
New Zealand Citizen living in Australia 6 months or more			
Humanitarian Visa Holder			
Type of visa:			

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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.

<u>Learner Declaration</u>: 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



administration.

- That I have read the MHCC **Participant Handbook** and understand my rights and obligations with respect to access and equity, privacy, access to records, payments of fees and refunds, course cancellation, and complaints and appeals.
- That I have been provided with adequate information about the course in which I am enrolling to enable me to make an informed choice.

I agree to:

- Abide by the policies and procedures of the Registered Training Organisation #91296 as detailed in the MHCC **Participant Handbook.**
- Provide information to MHCC prior to enrolment as requested to identify where special consideration of the learning and assessment process and support may be required to complete the course which I am undertaking.
- Advise MHCC of any issue (e.g. medical) that could affect my ability to complete the course in which I am enrolling.
- Conduct myself in a professional manner and respect MHCC staff and its clients.
- Complete and submit all assessments in accordance with the course requirements and MHCC policies and procedures for assessments.
- Pay all course fees when due, where applicable.

CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION

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. I give permission for the VET Coordinator from The Mental health Coordinating Council (RTO #91296) to make an application on my behalf to register or obtain **U.S.I.** (Unique Student Number).

PRINT FULL NAM	E:		
	Given name	Middle Name	Family Name
SIGNATURE:		DATE:	///
(Note: If unde	er 18 years of age at the time	of giving consent, then the consent of the	ir guardian is required)
PRINT FULL NAM	E OF GUARDIAN:		
SIGNATURE OF G	UARDIAN:	DATE: _	//

Section 7: Certified Copies of Photo Identification

When completed please attach your certified ID and other applicable documentary evidence, then email it to training@mhcc.org.au or post to PO Box- 668 Rozelle, 2039.

For further information please 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, Pharmacist, Doctors, Nurses, Optometrists, Police Officers, Australian Post Officer, Teachers. For full list go to:

https://www.ag.gov.au/Publications/Statutory-declarations/Pages/List-of-authorised-witnesses.aspx