

Mental Health Peer Worker Trainee Trainer Scholarship Application Form

Mental Health Coordinating Council is offering support to experienced Peer Workers to become qualified peer trainers of the Certificate IV in Mental Health Peer Work. The Training Program will include a scholarship to complete the TAE40116 Certificate IV in Training and Assessment, mentoring from a peer trainer and a paid work placement. Places are available for experienced Peer Workers who have successfully completed the Certificate IV in Mental Health Peer Work. The Scholarship covers training fees only.

Location	Application closing date	Qualification commencement date
Online	31/10/21	December 2021

Am I eligible?

To be eligible for a scholarship to study the Certificate IV in Training and Assessment (TAE40116) as a MHCC trainee trainer, a participant must:

- **Have completed the CHC43515 Certificate IV in Mental Health Peer Work**
- **Be working as a Consumer or Carer Peer Worker**
- **Have at least 2 years' experience working as a Mental Health Peer Worker**

MHCC promotes diversity and inclusion. Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, LGBTIQ+ people and people with disabilities are strongly encouraged to apply.

How do I apply?

- Check your eligibility for the qualification
- Complete an application form ensuring all sections of the form are completed:
 - Applicant's personal details**
 - Applicant Selection criteria –Manager's Endorsement** and contact details of 2 referees provided for direct peer work experience
 - Application is signed and dated- Electronic signatures will not be accepted
- Include with your application:
 - A copy of your **current job description** in peer work
 - A copy of your **resume**

Applications that do not address the selection criteria or have evidence missing are not able to be considered.

Where do I submit my application?

Scan and email: Helene.o@mhcc.org.au

Post: Trainee Trainer Scholarship: MHCC – LD, PO Box 668 Rozelle NSW 2039

***NOTE: Receipt of Application-** MHCC will send you an email confirming that we have received your scholarship application. **If you have not received this confirmation, please contact MHCC before the close date to check it has been received.**

Selection Process

The selection process is as follows:

- A selection panel will meet and assess each application
- Successful applicants will be notified of the outcome
- A limited number of trainee scholarship places will be awarded
- Scholarships will be awarded with a commitment to equity and access across metropolitan and regional NSW.

**Mental Health Peer Worker Trainee Trainer
Scholarship Application Form**

Applicant's personal details						
Surname:						
Given Names:						
Address:						
State:		Postcode:		<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Tel (H):				Tel (W):		
Tel (M):				Fax:		
Email:						
Date of Birth:						
Employer:				Position:		
Contact Person:				Contact No:		
Position Title:				<input type="checkbox"/> Consumer Peer Worker	<input type="checkbox"/> Carer Peer Worker	
Length of time in position:				<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	

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

Please ensure you have attached Certified Identification and a Certified copy of your Certificate IV in Mental Health Peer Work to your application

It is a requirement that all applicants provide a certified copy of identification. This must be photo ID (i.e. drivers' licence or passport). If you do not have either, please supply a certified copy of your birth certificate plus another form of photo ID. The list of approved witnesses include: JPs, pharmacists, doctors.

For a full list go to:

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

Applicant's Eligibility Checklist

To be eligible to apply for a scholarship in Certificate IV in Training and Assessing, applicants must meet all the selection criteria. Please confirm your eligibility before proceeding.

In filling out this form I agree that (PLEASE TICK):

I am currently working in an identified consumer or carer peer work role

I have at least 2 years' experience working as a Mental Health Peer Worker

I have my manager's endorsement to study (Manager's Endorsement is completed)

I have included a copy of my current job description with my application

I am able and ready to study at a Certificate IV level and complete the qualification within the timeframe of approximately 12 months

I have previously completed the Certificate IV in Mental Health Peer Work

I am not currently studying the TAE40116 with another RTO

I am able to commit to the full Training Program, including mentoring and work placement (teaching requirements, marking assessments etc.)

Signature: _____ **Date:** _____

Applicant signature required – a typed name will not be accepted

Manager's Endorsement

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

MHCC's Trainee Trainer mentor program is customised for people employed in a Peer Worker role.

Manager's Name (please print): _____

Manager's Position: _____

Applicant's Name: _____

Applicant's Position: _____

Organisation: _____

Manager's Ph: _____

Manager's Email: _____

I confirm that I endorse the applicant applying to study the course and agree to provide the applicant workplace support.

**Manager's
Signature:**



Date:

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

Applicant Selection Criteria

The following section is part of the selection criteria and must be filled out by the applicant. Application forms sent in without this information will not be assessed.

Please explain your ability and readiness to study the Certificate IV in Training and Assessment.
(150 words max)

Please describe your interest in working as a Trainee Trainer, working to develop the Mental Health Peer Workforce *(200 words max)*

Please describe your access to support in the workplace (100 words max)

Citizenship/Residency Status

Please tick the box that describes your current citizenship status.

Citizen

Permanent resident

Not citizen/permanent resident

Education

What is your highest completed school level?

Year 9 or lower

Year 10

Year 11

Year 12

In which YEAR did you complete that school level?

Have you completed any of the following recognised qualifications? Yes (please tick) No

Bachelor's degree or higher degree level

Diploma

Certificate II

Certificate IV

Certificate I

Advanced Diploma or Associate Degree

Certificate III

Miscellaneous education

Cultural Background

Are you of Aboriginal or Torres Strait Islander origin?

Yes – Aboriginal

Yes – Torres Strait Islander

No

Country of birth?

Nationality?

What is the main language spoken at home?

How well do you speak English?

Very Well

Well

Not Well

Not at All

Do you require any language, literacy or numeracy assistance?

Yes

No

Disability

Do you consider yourself to have a disability? Yes No

Hearing/Deaf

Medical Condition

Mental Illness

Vision

Intellectual

Other

Physical

Learning

Unspecified

Acquired Brain Impairment