

Mental Health Peer Worker Trainee Trainer Scholarship Application Form

MHCC is offering support to experienced peer workers to become qualified peer work trainers of the CHC43515 Certificate IV in Mental Health Peer Work. The Training Program will include a scholarship to complete the TAE40122 Certificate IV in Training and Assessment, mentoring from a peer trainer and assessor 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
Various	06 March 2024	18 March 2024 (Introduction online)

Am I eligible?

To be eligible for a scholarship to study the Certificate IV in Training and Assessment (TAE40122) as a MHCC trainee trainer, a participant must:

- **Have an interest in training and/or want to become a trainer and assessor**
- **Have completed the CHC43515 Certificate IV in Mental Health Peer Work**
- **Currently be working as a mental health peer worker with at least 2 years' full time equivalent mental health peer work experience**
- **Be able to attend face-to-face training days (starting March 2024 - June 2024)**
- **Be available for one day per fortnight of casual employment for mentoring and support (can be remote)**

MHCC promotes diversity and inclusion. Aboriginal and Torres Strait Islander peoples, 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**
 - Application is signed and dated. Please note that typed signatures will not be accepted
- Include with your application:
 - A copy of your **current job description** in peer work (with your full name written on the document)
 - A copy of your current **resume including** contact details of 2 referees provided for direct peer work experience
- Applications that do not address the selection criteria or have evidence missing are not able to be considered.

Where do I submit my application?

Email: Email signed application with subject 'Trainee Trainer Scholarship' to: training@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.
- Shortlist applicants will be invited to an interview with the selection panel.
- The successful applications will be notified via email of the outcome and will be required to accept the offer by a given date to secure their spot.
- 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 Name/s:						
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>

If you completed your Certificate IV in Mental Health Peer Work with MHCC, no external certification is required.

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 TAE40122 with another RTO

I can 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 Trainor 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
 Advanced Diploma or Associate Degree
 Certificate IV
 Certificate I
 Certificate III
 Miscellaneous education

Cultural Background

Are you of Aboriginal or Torres Strait Islander origin?

- Yes – Aboriginal
 Yes – Torres Strait Islander
 Yes - both
 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
 Unspecified
 Vision
 Intellectual
 Other:
 Physical
 Learning
 Acquired Brain Impairment
 Mental Health Condition