

NATIONAL MENTAL HEALTH SUPPORT WORKERS TRAINING GRANT

National Certificate in Mental Health Support Work (Level 4) or the National Diploma in Mental Health Support Work (Level 6)

The National Mental Health Support Workers Training Grant is funded by the Ministry of Health (MOH) and administered by CareerForce (Community Support Services ITO Ltd). The grant is only to be used for tuition fees and will provide financial assistance to students who meet all the following MOH eligibility criteria:

YOU MUST SATISFY ALL THE FOLLOWING REQUIREMENTS:

- be enrolled by an NZQA Accredited Tertiary Education Organisation (TEO) in the National Certificate in Mental Health Support Work (Level 4) or the National Diploma in Mental Health Support Work (Level 6)
- be employed (paid or volunteer) in a Mental Health Service funded by the District Health Board (DHB)/Ministry of Health (MOH)
- be in a role that is relevant to Mental Health Support Work
- have an employer who is supportive of your application for a training grant
- not** have your **full** tuition fees paid by another source (excluding student loans)
- be a New Zealand Citizen or New Zealand Permanent Resident or hold a current work permit.

If you do not meet all the above requirements you will not be eligible for the National Mental Health Support Workers Training Grant.

IMPORTANT INFORMATION:

- It is desirable that grant applications are received by CareerForce prior to you starting the course.
- You need to submit your application as early as possible as this will increase the likelihood of you receiving the maximum available funding.
- In the event that demand for the training grant is larger than the monies available your application will be additionally assessed under the MOH funding priorities. The following priorities will determine the status of your application:
 - i. Your financial need (*not paid fully by any other source*).
 - ii. Whether you are a mental health consumer/tangata whaiora and/or family member.
 - iii. Your commitment to workforce development of Maori and Pacific Island mental health workers.
- Applicants who have not secured employment with a mental health service funded by the DHB/MOH (paid or volunteer) at the time of their application, but who are actively seeking employment, will have their application and payment held in abeyance until such time employment can be found and confirmed.
- All applicants have the right to appeal any decision. Appeals must be received within 28 days of the last correspondence with CareerForce.

TYPES OF GRANTS:

The Mental Health Support Workers Training Grant only helps to pay for a part of your tuition fees.

- The maximum amount that full-time students can be paid is \$2,000 divided into two instalments i.e.
 - i. \$1,000.00 after three weeks attendance of the qualification.
 - ii. \$1,000.00 upon verification by the tutor or Head of Department of successful completion of the Certificate.
- The maximum amount that part-time students can be paid is \$2,000.00 divided into four instalments i.e.
 - i. \$500.00 after three weeks attendance of the qualification
 - ii. \$500.00 on completion of first 60 Credits for the National Certificate in Mental Health Support Work (Level 4) or 90 Credits for the National Diploma in Mental Health Support Work (Level 6)
 - iii. \$500.00 on enrolment to complete the final Credits.
 - iv. \$500.00 on successful completion of the qualification.

Please send your application form to:

Manager
Mental Health Support Workers Programme
CareerForce (Community Support Services ITO)
PO Box 25-255
354-356 Armagh Street
Christchurch

MENTAL HEALTH SUPPORT WORKERS TRAINING GRANT

INSTRUCTIONS:

1. Complete all sections in a clear and legible manner (refer to the 'Important Notes' column for hints and addition information).
2. Complete the checklist.
3. Attach a bank verified deposit slip (if requesting that payment be made to your bank account).

IMPORTANT NOTES	SECTION 1: APPLICANTS DETAILS
<i>You must advise CareerForce if these details change.</i>	a) Surname(Current)_____ b) Surname _____ <i>(used on enrolment form if different from above)</i> c) First Name_____ d) Middle Names_____ e) Date of Birth:____/____/____ f) Gender (please tick): <input type="checkbox"/> Male <input type="checkbox"/> Female
<i>You must advise CareerForce if these details change.</i>	SECTION 2: CONTACT DETAILS
	a) Postal Address _____ Suburb/Town_____ City_____ b) Home ☎: () _____ Daytime ☎: () _____ c) Email _____
This section must to be completed in full.	SECTION 3: CITIZENSHIP AND RESIDENCY (Please tick appropriate box/s)
	a) <input type="checkbox"/> New Zealand Citizen b) <input type="checkbox"/> NZ Permanent Resident c) <input type="checkbox"/> Working Permit
<i>Please tick as many boxes as you need to show with which ethnic group/s you affiliate.</i>	SECTION 4: ETHNICITY (Please tick appropriate box)
	<input type="checkbox"/> NZ European <input type="checkbox"/> NZ Maori <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> Niuean <input type="checkbox"/> Fijian <input type="checkbox"/> Tokelauan Other ethnicity _____ If NZ Maori: Marae _____ Hapu _____ Iwi _____ Iwi is unknown <input type="checkbox"/>

<p><i>This section is to be signed and verified by your tertiary education organisation.</i></p>	<p>SECTION 5: COURSE STATUS</p> <p>a) Start date of: National Certificate in MHSW _____ National Diploma in MHSW _____</p> <p>b) End date of: National Certificate in MHSW _____ National Diploma in MHSW _____</p> <p>c) Course Fee (GST inclusive) _____</p> <p>d) Name and Address of Tertiary Education Organisation with whom you are enrolled: _____</p> <p>e) Name and designation of person confirming your course enrolment: Name: _____ Position _____ <i>(Must be Tutor or Head of Department)</i> Signature _____ Date: _____</p>																														
<p><i>Information in this section determines whether you are entitled to a full or partial training grant.</i></p>	<p>SECTION 6: FINANCIAL INFORMATION</p> <p>Please indicate how your course will be funded if you are successful with your grant application:</p> <table border="1" data-bbox="368 1238 1342 1666"> <thead> <tr> <th data-bbox="368 1238 826 1294">Please complete each box</th> <th data-bbox="826 1238 967 1294">Indicate Yes or No</th> <th data-bbox="967 1238 1342 1294">Amount (indicate with a figure or Nil)</th> </tr> </thead> <tbody> <tr> <td data-bbox="368 1294 826 1335">MHSW Training Grant (CareerForce)</td> <td data-bbox="826 1294 967 1335"></td> <td data-bbox="967 1294 1342 1335">\$</td> </tr> <tr> <td data-bbox="368 1335 826 1375">Self Funded</td> <td data-bbox="826 1335 967 1375"></td> <td data-bbox="967 1335 1342 1375">\$</td> </tr> <tr> <td data-bbox="368 1375 826 1415">Studylink (Student Loan)</td> <td data-bbox="826 1375 967 1415"></td> <td data-bbox="967 1375 1342 1415">\$</td> </tr> <tr> <td data-bbox="368 1415 826 1456">Employer Grant</td> <td data-bbox="826 1415 967 1456"></td> <td data-bbox="967 1415 1342 1456">\$</td> </tr> <tr> <td data-bbox="368 1456 826 1496">WINZ (Training Incentive Allowance)</td> <td data-bbox="826 1456 967 1496"></td> <td data-bbox="967 1456 1342 1496">\$</td> </tr> <tr> <td data-bbox="368 1496 826 1536">SKILL NZ</td> <td data-bbox="826 1496 967 1536"></td> <td data-bbox="967 1496 1342 1536">\$</td> </tr> <tr> <td data-bbox="368 1536 826 1576">ACC Training Grant</td> <td data-bbox="826 1536 967 1576"></td> <td data-bbox="967 1536 1342 1576">\$</td> </tr> <tr> <td data-bbox="368 1576 826 1617">Manaaki Tauria Grant</td> <td data-bbox="826 1576 967 1617"></td> <td data-bbox="967 1576 1342 1617">\$</td> </tr> <tr> <td data-bbox="368 1617 826 1666">Scholarship Funding</td> <td data-bbox="826 1617 967 1666"></td> <td data-bbox="967 1617 1342 1666">\$</td> </tr> </tbody> </table>	Please complete each box	Indicate Yes or No	Amount (indicate with a figure or Nil)	MHSW Training Grant (CareerForce)		\$	Self Funded		\$	Studylink (Student Loan)		\$	Employer Grant		\$	WINZ (Training Incentive Allowance)		\$	SKILL NZ		\$	ACC Training Grant		\$	Manaaki Tauria Grant		\$	Scholarship Funding		\$
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<p><i>You must be in a Paid or Volunteer position with a Mental Health Service, funded by the DHB/MOH.</i></p> <p>Your role must be relevant to Mental Health Support Work</p>	<p>SECTION 7: CURRENT ROLE WITHIN THE MENTAL HEALTH SERVICE</p> <p>What is your current job title? _____</p> <p>Please provide a brief description of your responsibilities: _____ _____</p>																														

<p><i>This section and declaration must be completed by the applicants current manager, supervisor or team leader etc.</i></p>	<p>SECTION 8: MENTAL HEALTH PROVIDER</p> <p>Is your organisation funded by the DHB/MOH to deliver Mental Health Services? (Please tick appropriate box). <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered No to the above question, the applicant is Not Eligible for a National Training Grant. If you answered Yes to the above question, please continue.</p> <p>I support this application for the MHSW National Training Grant. (Please tick appropriate box). <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the applicant being funded by the organisation? (Please tick appropriate box). <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the applicant in a paid position within your organisation? (Please tick appropriate box). <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the applicant in a volunteer position within your organisation? (Please tick appropriate box) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1" data-bbox="371 757 1347 1084"> <tr> <td>Name of Organisation</td> <td></td> </tr> <tr> <td>Name of person completing this section</td> <td></td> </tr> <tr> <td>Designation</td> <td></td> </tr> <tr> <td>Contact Address</td> <td></td> </tr> <tr> <td>Contact Phone Number</td> <td></td> </tr> <tr> <td>DHB funding your services</td> <td></td> </tr> </table> <p>I confirm the applicant is working within this organisation in a paid or voluntary position in a role that is relevant to Mental Health Support Work. (Please tick appropriate box). <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I declare that the information provided in the Mental Health Provider section is true and correct:</p> <p>Employer's signature _____ Date _____</p>	Name of Organisation		Name of person completing this section		Designation		Contact Address		Contact Phone Number		DHB funding your services	
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<p><i>Please complete so that we are able to determine whether or not your application meets with any of the funding priorities prescribed by the Ministry of Health.</i></p>	<p>SECTION 9: FUNDING PRIORITY INFORMATION</p> <p>Have you been a Consumer/Tangata Whaiora of Mental Health Services? (Please tick appropriate box). <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you currently a Consumer/Tangata Whaiora of Mental Health Services? (Please tick appropriate box). <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have Family or Whanau who are a Consumer/Tangata Whaiora of Mental Health Services? (Please tick appropriate box). <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a community services card? (Please tick appropriate box). <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you committed to workforce development of Maori and Pacific Island mental health workers? (Please tick appropriate box). <input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
<p><i>This section will only be enforced when demand for the training grant is larger than the monies available.</i></p>													

<p><i>Please read this section carefully and sign.</i></p>	<p>SECTION 10: TRAINING GRANT RELEASE FORM</p> <p>Student Name: _____</p> <p>Tertiary Education Organisation: _____</p> <p>Tutor or Head of Department: _____</p> <p>Please tick ONE of the following boxes:</p> <p><input type="checkbox"/> I authorise CareerForce, to pay my National Training Grant directly to my Tertiary Education Organisation.</p> <p><input type="checkbox"/> I authorise CareerForce to pay my National Training Grant directly to my Employer.</p> <p><input type="checkbox"/> I authorise CareerForce to pay my National Training Grant directly to my bank account.</p> <p>Signature of applicant: _____ Date: _____</p>
<p><i>This bank account number can be any account you want the funds to be paid to e.g. your tertiary institute, your employer or your own account.</i></p>	<p>SECTION 11: BANK ACCOUNT DETAILS</p> <p>a) NZ Bank Account No: _____ / _____ / _____ / _____ suffix <small>bank branch account number</small></p> <p>b) Bank Reference (if any) _____</p> <p>c) Please attach a pre-printed bank deposit slip or bank verification of your account name and number.</p> <p style="text-align: center;">Please attach bank verification here</p>
<p><i>If you do not provide verification of your bank account number this may cause delay with payment of the Grant.</i></p>	<p>SECTION 12: DECLARATION</p> <p>a) I certify that all the information I have provided in this application form is true and correct. I acknowledge that my application may be cancelled (without right of review) if the information provided is incomplete, inaccurate or not supplied when requested.</p> <p>b) I consent to any of my information being made available to CareerForce (Community Support Services ITO Ltd) and the Ministry of Health for statistical purposes.</p> <p>c) I consent to the Tertiary Education Organisation in which I am enrolled and the Service Provider with whom I am working in a paid or volunteer position, releasing any information required concerning my application form, to CareerForce (Community Support Services ITO Ltd), in accordance with the Privacy Act 1993 and the Education Act 1989.</p> <p>d) I consent to CareerForce (Community Support Services ITO Ltd) contacting any agencies (government or private) to verify that the information I have provided in this application is true and correct, in accordance with the Privacy Act 1993.</p> <p>Signature of applicant _____ Date _____</p>

CHECKLIST

Your application cannot be processed if you have not provided **all** the information required in the application form. To avoid delays with the training grant payments, please pay particular attention to this detail.

- I have provided the correct bank account details on the required documentation and attached a pre-printed bank deposit slip or bank verification of my account name or number.**
- I have used the same name I used on my Tertiary Education Organisation course enrolment form.**
- I have provided correct course start and end dates.**
- I have provided the name of the Tertiary Education Organisation where I will be studying my qualification.**
- I have provided the contact details of my Tertiary Education Organisation tutor or Head of Department.**
- My Tertiary Education provider has confirmed my course enrolment and signed.**
- I have filled in all the boxes in the financial information section.**
- I have completed, signed and dated the Training Grant Release section.**
- I have read, signed and dated the Declaration.**
- I have provided my current job title which is relevant to Mental Health Support Work.**
- My line manager has completed and signed the declaration in the Mental Health Provider Section.**

PLEASE SEND COMPLETED APPLICATION FORMS TO:

Barbara Halliday
Manager
Mental Health Support Workers Programme
CareerForce (Community Support Services ITO)
PO Box 25-255
354-356 Armagh Street
Christchurch
Email: barbarah@cssito.org.nz
Freephone: 0800 937 877