

- A National Certificate in Mental Health (Mental Health Support Work) (Level 4) V5  
National Diploma in Mental Health (Mental Health Support Work) (Level 6) V1

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 towards the National Certificate in Mental Health (Mental Health Support Work) (Level 4) V5 and/or the National Diploma in Mental Health (Mental Health Support Work) (Level 6) V1.

## B Eligibility criteria

### To qualify for the grant you must:

- Be enrolled by an NZQA accredited Tertiary Education Organisation in the National Certificate in Mental Health (Mental Health Support Work) (Level 4) V5, or the National Diploma in Mental Health (Mental Health Support Work) (Level 6) V1.
- Be employed (paid or volunteer/placement) 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 tuition fees paid by other benefits or other scholarships (excluding student loans). NB Where employers have funded training, employees are able to apply for the grant (if other criteria are met) and nominate that their employer receives the grant in reimbursement.
- Attach proof of payment of fees from the Tertiary Education Organisation to your training grant application form.
- Be a New Zealand citizen or New Zealand permanent resident and provide photocopied evidence.

## C Important information

### 1. 2010

400 training grants are available for the National Certificate in Mental Health (Mental Health Support Work) (Level 4) V5.  
250 training grants are available for the National Diploma in Mental Health (Mental Health Support Work) (Level 6) V1.

### 2. If the demand for these training grants exceeds the funding available, your application will be additionally assessed under the following priorities:

- i. Your financial need.
- ii. Whether you are a mental health consumer/tangata whaiora and/or have a family member who is a mental health consumer/tangata whaiora.
- iii. If you are a Māori or Pacific Island mental health worker.

### 3. Applications should be received:

- i. Between 1 February and 30 April; or
- ii. Between 1 July and 30 September.

### 4. Any late applications will be processed in the following application period.

### 5. All applicants have the right to appeal against any decision. Appeals must be received within 28 days of the last correspondence with Careerforce.

## D National Certificate in Mental Health (Mental Health Support Work) (Level 4) V5 training grant payment outline

1. The maximum amount that **full-time** students can be paid is \$2,000. Payments are made in two instalments:
  - i. Up to a maximum of \$1,000 after three weeks of the student's confirmed attendance from the date that the training programme began, by the Tertiary Education Organisation.
  - ii. Up to a maximum of \$1,000 upon verification of the student's successful completion of the National Certificate, by the New Zealand Qualifications Authority.
2. The maximum amount that **part-time** students can be paid is \$2,000. Payments are made in four instalments:
  - i. Up to a maximum of \$500 upon verification of the student's enrolment in the qualification, by the Tertiary Education Organisation.
  - ii. Up to a maximum of \$500 upon verification of the student's completion of the first 60 credits of the qualification, by the Tertiary Education Organisation.
  - iii. Up to a maximum of \$500 on verification of the student's enrolment to complete the remaining 64 credits, by the Tertiary Education Organisation.
  - iv. \$500 upon verification of the student's successful completion of the National Certificate, by the New Zealand Qualifications Authority.

## E National Diploma in Mental Health (Mental Health Support Work) (Level 6 ) V1 training grant payment outline

1. Students who have received funding to complete the National Certificate in Mental Health (Mental Health Support Work) (Level 4 ) V5, and are completing the National Diploma in Mental Health (Mental Health Support Work) (Level 6 ) V1 **over a one-year period**, will be entitled to receive up to a maximum of \$2,000. This grant will be paid in two instalments:
  - i. Up to a maximum of \$1,000 after three weeks of the student's confirmed attendance from the date that the training programme began, by the Tertiary Education Organisation.
  - ii. Up to a maximum of \$1,000 upon verification of the student's successful completion of the National Diploma, by the New Zealand Qualifications Authority.
2. Students completing the National Diploma in Mental Health (Mental Health Support Work) (Level 6) V1 **over a two-year period** will be entitled to receive up to a maximum of \$4,000 (a maximum of \$2,000 each year for up to two years). This payment will be dependent on the following criteria being met:
  - i. The student completes a training grant application form at the beginning of each year.
  - ii. A copy of the student's statement of fees received from the Tertiary Education Organisation each year is attached to the student's yearly training grant application form.
  - iii. **This grant will be paid in two instalments each year:**
    - Year One**
      - a. Up to a maximum of \$1,000 after three weeks of the student's confirmed attendance from the date that the training programme began, by the Tertiary Education Organisation.
      - b. Up to a maximum of \$1,000 upon verification of the student's successful completion of Year One of the National Diploma, by the Tertiary Education Organisation.
    - Year Two**
      - a. Up to a maximum of \$1,000 after three weeks of the student's confirmed attendance from the date that the second year of the training programme began, by the Tertiary Education Organisation.
      - b. Up to a maximum of \$1,000 upon verification of the student's successful completion of the National Diploma, by the New Zealand Qualifications Authority.

# National Mental Health Support Workers Training Grant Training Grant Application Form

## A Instructions

- Complete all sections in a clear and legible manner.
- Attach a deposit slip verified by your bank or a bank statement with account details when requesting the payment to be made to your personal bank account or to your employer's bank account.
- Ask your employer/mental health provider to complete Section K of this form, and sign and date it.
- Provide proof of payment of fees (obtained from your training provider) for each year of your study for either the National Certificate in Mental Health (Mental Health Support Work) (Level 4) V5, or the Diploma in Mental Health (Mental Health Support Work) (Level 6) V1.
- Provide proof of citizenship or residency in the form of a NZ passport, birth certificate, marriage certificate stating place of birth, and/or an overseas passport and residency permit.

## B Applicant's personal details

Date of birth (e.g. 30/11/1985)

 /  / 

Title

 Miss  Mrs  Ms  Mr  Other

Your first name

Your middle name (if applicable)

Your family name (as on your qualification enrolment form)

Your preferred name

Gender:  Female  Male

## C Applicant's contact details

### Home address

Street number

Street name

Suburb/rural district

Town/city

Postcode

Day time/home telephone

 (0 ) 

Mobile

Day time/work telephone

 (0 ) 

E-mail

**D** Citizenship and residency

Please tick appropriate box and provide photocopied evidence.

- New Zealand citizen
- New Zealand permanent resident

**E** Ethnicity

To which of the following ethnic groups do you consider you belong? (Please tick the appropriate box[es].)

- NZ European/Pākehā
- Cook Island Māori
- Chinese
- NZ Māori\*
- Tokelauan
- Other Asian
- Samoan
- Fijian
- Other - please specify below
- Tongan
- Other Pacific
- Niuean
- Indian

**\*If you are of NZ Māori descent, please state the iwi with which you have the strongest affiliation (you may enter up to three). Please also provide the name of your hapū and the name of your marae (where applicable).**

First iwi

Second iwi

Third iwi

Please provide the name of your hapū

Please provide the name of your marae

**F** Funding priority information

Please tick appropriate boxes

- Have you been a consumer/tangata whaiora of mental health services?  Yes  No
- Are you currently a consumer/tangata whaiora of mental health services?  Yes  No
- Is any member of your family/whānau a consumer/tangata whaiora of mental health services?  Yes  No

**G** Programme status (to be signed and verified by your Tertiary Education Organisation)

Start date of:

End date of:

National Certificate in Mental Health  
(Mental Health Support Work) (Level 4) V5



National Diploma in Mental Health  
(Mental Health Support Work) (Level 6) V1



**If enrolling in the National Diploma in Mental Health (Mental Health Support Work) (Level 6) V1, have you successfully completed the National Certificate in Mental Health (Mental Health Support Work) (Level 4) V5?**

- Yes  No

Course fee (GST inclusive) paid \$

Name and address of Tertiary Education Organisation with whom you are enrolled:

**Name and designation of person confirming your programme enrolment, who must be a tutor or Head of Department:**

Name

Designation

Signature

Date

 /  / 

**H Financial information**

**Please indicate how you have funded your tuition fees:**

Funding source	Please indicate Yes/No	Amount that you will receive from each source that you will use to pay your tuition fees:
Self funded		\$
Studylink (Student loan)		\$
Employer grant		\$
WINZ (training incentive allowance)		\$
ACC training grant		\$
Other scholarship funding		\$

**I Mental health provider (to be completed by your employer)**

*Please tick appropriate boxes*

Is your organisation funded by the DHB/MOH to deliver mental health services?

Yes  No

Do you support this applicant's application for a National Mental Health Support Workers Training Grant?

Yes  No

Is this applicant being funded by your organisation for his/her tuition fees?

Yes  No

**If the applicant is being funded, please state the amount of funding**

\$

Is the applicant in a paid position within your organisation?

Yes  No

Applicant's job title:

Name of your organisation:

Your organisation's contact address:

Your organisation's e-mail address:

Your organisation's contact phone number:

DHB funding your organisation:



## L Declaration

- a) I confirm 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.
- 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.
- c) I consent to the Tertiary Education Organisation in which I am enrolled and the mental health provider for whom I am working in a paid or volunteer position, releasing any information required about my application form, to Careerforce (Community Support Services ITO Ltd).
- 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 relevant provisions of the Privacy Act 1993.
- e) I consent to Careerforce (Community Support Services ITO Ltd) contacting me by phone, in writing or by e-mail (in accordance with the relevant provisions of the Unsolicited Electronic Messages Act 2007) to support and encourage completion of study.
- f) I agree to notify Careerforce (Community Support Services ITO Ltd) by phone or in writing about any change to personal details, education provider or withdrawal from study.

Your signature

Date

	/ /
--	-----

## Checklist

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

- I have provided a deposit slip verified by the bank or bank statement that verifies the account name and number that I wish the training grant to be paid into.
- I have read, signed and dated the Declaration (Section L).
- I have completed, signed and dated the "Training grant release form" section (Section K).
- I have used the same name that I used on my Tertiary Education Organisation programme enrolment form.
- I have provided proof of New Zealand citizenship or residency.
- I have provided correct programme start and end dates.
- I have provided the name of the Tertiary Education Organisation where I will be studying towards my qualification, and the "Programme status" section (section G) has been signed by a tutor or Head of Department.
- I have filled in all the boxes in the "Financial information" section (Section H).
- My current job title, is correct (Section I).
- My employer has completed and signed the declaration in the "Mental health provider" section (Section I).
- I have attached proof of payment of fees from the Tertiary Education Organisation.

Please send completed application forms to:

### Training Support Team

Careerforce

PO Box 25255, Christchurch 8144

Tel: 0800 937 877

Fax: 03 371 9285