



## **Certificate IV in Mental Health Peer Work (CHC43515) 2018-19 Program - Elsternwick**

Certificate IV in Mental Health Peer Work (CHC43515) is a national qualification that makes up one level of the National Community Services and Health Training System. This national system has been developed by the combined efforts of government and non-government agencies, union representatives and professional bodies as well as workplace representatives on a national project team. It provides training options for a career path for employees in a range of sectors in Community Services and Health.

This specialist, nationally recognised course has been developed by VICSERV and is specifically designed for workers who have lived experience as either a consumer or carer, and who work in mental health services in roles that support, mentor or advocate for consumers or carers. To enrol in the program the participants need to be currently working in the sector at least one full day per week.

### **Program Outline & Structure**

The program is delivered according to the following modules:

#### **Module 1: Frameworks**

CHCPWK001	Apply peer work practices in the mental health sector
CHCPWK004 / 005	Work effectively in consumer/carers mental health peer work
CHCLEG001	Work legally and ethically
CHCPRP003	Reflect on and improve own professional practice

#### **Module 2: Using lived experience**

CHCPWK003	Apply lived experience in mental health peer work
CHCMHS003	Provide recovery-oriented MH services
CHCGRP002	Plan and conduct group activities

#### **Module 3: Peer work practice**

CHCMHS008	Promote and facilitate self-advocacy
CHCADV002	Provide advocacy and representation services
CHCMHS007	Work effectively in trauma informed care
CHCMHS010	Implement recovery oriented approaches to complexity
CHCMHS011	Assess and promote social, emotional and physical wellbeing

#### **Module 4: Community health environment**

CHCPWK002	Contribute to the continuous improvement of mental health services for consumers and carers
HLTWHS001	Participate in WHS
CHCDIV001	Work with diverse people



### **Program Duration & Delivery Dates**

18 days of training (delivered in blocks of 2 days approx. every 6 weeks) over 14 months

#### **Certificate IV in Mental Health Peer Work – Elsternwick 2018-19 Program Delivery Dates**

**Location:** **VICSERV**  
Level 2 / 22 Horne St  
Elsternwick Vic 3185

#### **Applications close Friday 23<sup>rd</sup> February, 2018**

##### **Pre-enrolment interviews**

Monday 5<sup>th</sup> March 2018 9.30am -12.30pm – students will be scheduled to attend a group and individual interview on this date. All students must complete an interview process prior to acceptance into the course.

##### **Program orientation**

Monday 9<sup>th</sup> April 2018 9.30am-12.30pm – students must attend the whole session

##### **Workshops**

###### ***Frameworks***

Monday 16<sup>th</sup> & Tuesday 17<sup>th</sup> April 2018

Monday 28<sup>th</sup> & Tuesday 29<sup>th</sup> May 2018

###### ***Using lived experience***

Monday 9<sup>th</sup> & Tuesday 10<sup>th</sup> July 2018

Monday 20<sup>th</sup> & Tuesday 21<sup>st</sup> August 2018

###### ***Peer work practice***

Monday 1<sup>st</sup> & Tuesday 2<sup>nd</sup> October 2018

Monday 12<sup>th</sup> & Tuesday 13<sup>th</sup> November 2018

Monday 4<sup>th</sup> and Tuesday 5<sup>th</sup> February 2019

###### ***Community health environment***

Monday 18<sup>th</sup> & Tuesday 19<sup>th</sup> March 2019

Monday 29<sup>th</sup> & Tuesday 30<sup>th</sup> April 2019

All workshops are held 9.30am-4.30pm. Students must attend a minimum of 80% of workshops to graduate.



### **Program Registration & Enrolment**

VICSERV is now taking program registrations from interested staff and organisations. Please complete the VICSERV Registration and Supervisor Endorsement forms attached to this flyer and return to VICSERV. We advise you to register early, as applications will be processed in order of receipt, and **close Friday 23<sup>rd</sup> February 2018**.

### **Program fees: \$437.50 plus \$200 materials fee for all students.**

Program fees are subsidised through scholarships provided by the Department of Health and Human Services. These scholarships have been created to support mental health peer workers to access this training. Completion of this registration form is also your application for a scholarship.

### **Fee disclaimer:**

The student tuition fees published are indicative only, and can be subject to change given individual circumstances at the time of enrolment.

Although your training and assessment may be conducted by VICSERV you will be enrolled with Wodonga TAFE: RTO 3097. Courses lead to an AQF Qualification or Statement of Attainment. Funding made available to eligible individuals by Victorian Government. If funding is utilised, it may affect opportunities for additional funding in future. For more information see 'Fee information and eligibility' under the 'Apply Now' tab on the Wodonga TAFE website. Information is correct at time of publication and subject to change.

**Full payment or setting up a payment plan with Wodonga Institute of TAFE is required at time of enrolment.**



<b>Certificate IV in Mental Health Peer Work (CHC43515)</b> <b>VICSERV Registration Form Page 1</b>		
<b>In completing this form I am registering for the following program:</b>		
<b>Elsternwick – 2018-19 commencing in April 2018</b>		
Name:	DOB:	
Organisation:	Position Title:	
I am enrolling as a:    Consumer peer worker <input type="checkbox"/> Carer peer worker <input type="checkbox"/> <b>(please select one only)</b>		
Work Postal Address:		
Town:	Postcode:	
Work Telephone:	Work Mobile:	
Work Email:		
Home Address:		
Town:	Postcode:	
Home Telephone:	Personal Mobile:	
Home Email:		
Which is your preferred email address?    Work <input type="checkbox"/> Home <input type="checkbox"/> <b>(please select one only)</b>		
What is your highest qualification?		
When did you receive it?		
How long have you worked in the Mental Health Sector?		
Total hours worked per week                      (Please include all paid peer work roles) <b>Please attached a copy of your current position description(s)</b>		
Do you have any issues or concerns regarding your language or literacy skills? <b>Yes</b> <b>No</b> If yes, the course coordinator will discuss your needs prior to enrolment.		
Do you have skills in the following IT applications?		
	<b>Please circle</b>	
Email	<b>YES</b>	<b>NO</b>
Internet	<b>YES</b>	<b>NO</b>
Word processing programs	<b>YES</b>	<b>NO</b>
If no to any of these, the course coordinator will discuss your needs prior to enrolment.		
Who will be paying the course fees? <b>Please circle</b>	<b>Myself</b>	<b>My Employer</b>



**Certificate IV Mental Health Peer Work (CHC43515)**

**VICSERV Registration Form Page 2**

**This course of study requires that peers have actively engaged in their own recovery journey, and are able to appropriately describe and share that experience when supporting others.**

Please describe (in 400-500 words, in a separately attached document) how you have applied your lived experience of growth and recovery in support of others. Please include a discussion or example of how supporting someone as a friend may be different from supporting someone in your peer worker role.

**As part of the registration process we need your work supervisor to complete a Supervisor Endorsement Form**



<b>Certificate IV in Mental Health Peer Work (CHC43515)</b> <b>Supervisor Endorsement Form</b>		
Name of staff member registering:		
Organisation:		
Name of supervisor / team leader:		
Contact Number of supervisor / team leader:		
Email Address of supervisor / team leader:		
I endorse (worker's name)..... participation in this program and will during the year provide the necessary opportunities, supervision and feedback to help facilitate application of classroom learning into the workplace		
I wish for this worker to undertake a Traineeship. I will contact my local AACN at <a href="https://www.australianapprenticeships.gov.au/find-my-aasn/full-list">https://www.australianapprenticeships.gov.au/find-my-aasn/full-list</a> to commence a traineeship prior to this course of study.	Please circle	
	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center; width: 50%;"><b>Yes</b></td> <td style="text-align: center; width: 50%;"><b>No</b></td> </tr> </table>	<b>Yes</b>
<b>Yes</b>	<b>No</b>	
Signed:		
Date:		

**Please complete the Registration and Supervisor Endorsement forms and return to:**

Psychiatric Disability Services of Victoria (VICSERV)  
**Mail:** PO Box 1117, Elsternwick VIC 3185  
**Email:** training@vicserv.org.au  
**Fax:** 03 9519 7022.