

Tena Koe! Kia orana! Talofa lava! Fakaalofa lahi atu! Malo e lelei! Welcome!

- Applicants need to be graduates working primarily with young adults or adolescents with mental health/substance use/legal problems.
- Applicants need to hold NZ residence or citizenship or be an Australian citizen currently residing in NZ.
- First priority will be given to registered health professionals employed in a clinical role working with children and adolescents in a DHB or NGO mental health and addiction service, or in a mental health role in a PHO. However, those doing similar work in roles and services funded by other Ministries will also be considered.
- If you are unsure whether you qualify, email: Vas Ajello (<u>v.ajello@auckland.ac.nz</u>) and Ingalise Jensen (IngaliseJ@adhb.govt.nz).
- You and your Manager / Service leader need to go through the information available at About PG Courses in ICAMH (includes criteria used to allocate funding)
- Your entering the name of your Manager in this application is taken as acknowledgement of their agreement (equivalent to signature) and signifies that you have gone through everything carefully with them and that Manager is aware of what is involved and is in agreement and prepared to support you.
- Your Manager may also be asked to complete a *Manager Endorsement* to support your application.
- Your Manager is welcome to contact us, <u>v.ajello@auckland.ac.nz</u>; 021 991 828.
- Once we receive this form completed by you, we will send it to your Manager for their records.
- If you accept funding and then do not complete the course without a valid reason (usually something that could not have been foreseen at the start), you / service may be liable to repay the tuition fees (\$3,000). Therefore, please ensure you are committed & able to complete and that, if anything changes, you consult with your Manager and the University asap.
- As well as this application for funding, you will need to apply for an academic place. Apply **now** through <u>Student Services Online</u>. Once you have applied for an academic place at the University of Auckland through Student Services Online you will get your UoA Student ID number to complete the <u>funding</u> form.

There are two parts to this Application for Funding

- 1. **Manager Form:** You can fill this part in yourself but go over it carefully with your Service Manager / Leader, together with the rest of this pack and <u>About PG Courses in ICAMH</u>.
- 2. **Applicant Student Form:** To be completed by you (see below)

Please fill out this form, sign it and send it together with any other supporting documents to: Practicum Placement Coordinator, Sherie Crosby via <u>sherie.crosby@auckland.ac.nz</u> by **28 January 2021** – earlier applications will be at an advantage.

STUDENT CONSENT / ACKNOWLEDGEMENT- Please consider very carefully

- 1. I confirm the information I have provided is **correct**
- 2. I agree that the University of Auckland staff and my Service Manager and my Supervisor can **discuss my progress**.
- 3. I agree that the University of Auckland can provide demographic, academic and contact information about me to Werry Workforce Whāraurau.
- 4. I understand that, if granted, acceptance of funding comes with obligations, including:
 - a) A commitment **to continue to work** in an appropriate service / role with a focus on children and / or adolescents with mental health and forensic issues for at least the duration of the course.
 - b) A commitment to complete the course in one year (Semesters 1 & 2).
 - c) A commitment to **attend all teaching blocks:**
 - Semester 1, Teaching block dates
 - 4 & 5 March 2021 and 6 & 7 May 2021
 - Semester 2, Teaching block dates
 - 9 & 10 August 2021 and 18 & 19 October 2021
 - d) A commitment to **meet regularly with my Supervisor**
 - e) A commitment **to communicate**, as early as possible, to my Manager, my Supervisor and to the University Programme Coordinator any problems with meeting the above commitments or any other issues that might affect my progress.

APPLICANT ACKNOWLEDGMENT

Name	Acknowledgement	Date	

APPLICANT (STUDENT) FORM						
SURNAME						
FORENAMES						
UoA Student ID #						
GENDER		D.O.B.				
ETHNICITY						
IWI (If applicable)						
CITIZENSHIP						
STATUS						
HOME POSTAL						
ADDRESS						
WORK NAME &						
POSTAL						
ADDRESS						
TELEPHONE						
(W&H)				M	OBILE:	
PREFERRED						
EMAIL						
SCOPE OF					If a nur	se, specify RPN or
PRACTICE					RCpN	
REGISTRATION					Specify	Issuing
No.					Authori	ty/Agency
WORK HOURS					Give ho	ours employed / week

Work History – for the last 2 years

My Current Employe	er is
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From [date to [date]

Briefly Describe your service/that of your employer

How is your organisation funded? i.e. NGO; government ministry.

What are your main tasks and responsibilities?

My previous employer was

I held the title of:

My tasks and responsibilities were:

From [date] to [date]

Tasks and responsibilities:

My future career plans or goals are:

Education:

Relevant Degrees/Diplomas

I studied at	When	Programme	Specialisation
e.g. UoA	2004 - 2006	BNurs	

How I will use this course in my work:

Please attach any other information you consider relevant:

PSYCHIAT 773 FUNDING STUDENT / MANAGER AGREEMENT

SERVICE LEADER / MANAGER AGREEMENT

Funding for Youth Forensics Course, University of Auckland, 2021

NAME OF APPLICANT:

- The course needs to be completed **in one year** (Semesters 1 & 2)
- Information on the course and about the funding can be accessed at <u>About PG Courses</u> <u>in ICAMH</u>
- If the student does not complete the papers the student / service may be liable to repay the tuition fees (\$3,000). Please ensure students are committed & able to complete and that, if anything changes, the student lets you know ASAP and you contact the University.

The Agreement

Acceptance of funding means that you, as representative of the Service / Employer of the student-clinician, are entering into a **partnership** with the programme provider, the University of Auckland.

There are common goals and also obligations and undertakings on both sides.

UNDERTAKINGS BY PROGRAMME PROVIDER

We, as the Teaching Team at the University of Auckland undertake to:

• Deliver the Youth Forensic course with <u>full fees funded</u> (costs of approximately \$3,000)

ACKNOWLEDGEMENTS AND UNDERTAKINGS BY THE MANAGER / SERVICE LEADER

As Service Manager / Leader, I acknowledge that:

- 1. The applicant is a **suitable candidate** for the Youth Forensics course.
- 2. The applicant is **working with children and/or adolescents with mental health / addictions difficulties and forensic issues** and has **regular supervision** of clinical work.

As Service Manager / Leader, I undertake to:

- 1. Liaise with the Supervisor to monitor the applicant's progress and facilitate opportunities for integration of University coursework with clinical practice and other professional activity.
- 2. Support the applicant to attend **teaching days at the University**
- 3. Arrange for **study release time**.
- 4. Liaise with the University if there are any difficulties, especially any question of withdrawal / suspension. I understand that entering my signature/name below signifies that I, as service leader / manager, have discussed all the above with Applicant and Supervisor and agree to the above acknowledgements and undertakings.

As Service Manager / Leader, I undertake to:

- 5. Liaise with the Supervisor to monitor the applicant's progress and facilitate opportunities for integration of University coursework with clinical practice and other professional activity.
- 6. Support the applicant to attend **teaching days*** at the University
- 7. Arrange for **study release time**.
- 8. Liaise with the University if there are **any difficulties**, especially any question of withdrawal / suspension. I understand that entering my signature/name below signifies that I, as service leader / manager, have discussed all the above with Applicant and Supervisor and agree to the above acknowledgements and undertakings.

SERVICE LEADER / MANAGER DETAILS & AGREEMENT		
MANAGER'S		
NAME		
POSITION		
SERVICE		
TELEPHONE		
EMAIL		
DATE		
SIGNATURE		

Thank you for supporting your clinician in further study.

Once this completed application form is received, we may email you (as the Manager) and may ask for a brief, specific endorsement of the applicant. You are welcome to contact the Programme Coordinator, with any queries: Ingalise Jensen, IngaliseJ@adhb.govt.nz

*Teaching days are:

- Semester 1, Teaching block dates
- 4 5 March 2021 and 6 7 May 2021
- Semester 2, Teaching block dates
- 9 10 August 2021 and 18 19 October 2021