



## CBT with Children and Adolescents (1 & 2), PSYCHIAT 769 & 770 APPLICATION FOR FUNDING from Ministry of Health for 2023

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

### POINTS TO NOTE

- Applicants need to be graduates working primarily with children or adolescents with mental health/substance use difficulties.
- 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 for the course or for funding, email Dr Tania Cargo, [t.cargo@auckland.ac.nz](mailto:t.cargo@auckland.ac.nz)
- You, your Manager and your Supervisor need to go through the information available at [About PG Courses in ICAMH](#) (includes criteria used to allocate funding).
- Entering the name of your Manager and of your Supervisor in the parts below is taken as acknowledgement of their agreement (equivalent to signature) and signifies that you have gone through everything carefully with each, that they are aware of what is involved and are in agreement and prepared to support you.
- For any questions about course content and requirements, you, your Manager or Supervisor are welcome to contact course coordinator, Dr Tania Cargo, [t.cargo@auckland.ac.nz](mailto:t.cargo@auckland.ac.nz), Mobile, 021 143 0399
- The two CBT courses need to be completed **in one year.**
- This is an application for funding, you will also need to apply for an academic place. Apply now through the [online portal](#).
- **If you accept funding and then do not complete the papers without a valid reason (usually something that could not have been foreseen at the start), you / your 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

### The Three Parts of this Application for a Ministry of Health Funded Place

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 [About PG Courses in ICAMH](#).
2. **Supervisor Form:** You can fill this part in yourself but go over it carefully, together with the rest of this pack and [About PG Courses in ICAMH](#).  
The Supervisor is the person (preferably at your workplace) who will be mentoring you through the study programme (this may be your usual clinical supervisor). They need to have CBT experience.  
**NOTE** that Supervisor should be approved by your manager
3. **Applicant Student Form:** To be completed by you (see below)

**This whole completed application to be saved as a PDF doc and submitted as attachment to an email, together with any other docs, to:**

ICAMH Programme Coordinator, Maisie Liu, [ying.liu@auckland.ac.nz](mailto:ying.liu@auckland.ac.nz)

**Apply now!** – earlier applications will be at an advantage

## Funding for CBT with Children & Adolescents (I & II), 2023

### APPLICANT FORM

<b>SURNAME</b>			
<b>FORENAMES</b>			
<b>UoA Student ID No.</b>			
<b>GENDER</b>		<b>D.O.B.</b>	
<b>ETHNICITY</b>			
<b>IWI (If applicable)</b>			
<b>CITIZENSHIP STATUS</b>			
<b>HOME POSTAL ADDRESS</b>			
<b>WORK / SERVICE NAME &amp; POSTAL ADDRESS</b>			
<b>TELEPHONE (W&amp;Mob)</b>		<b>MOBILE:</b>	
<b>PREFERRED EMAIL</b>			
<b>HIGHEST QUALIFICATION</b>			
<b>DISCIPLINE</b> (e.g., nurse, OT, SW, medical doctor, psychologist)			
<b>REGISTRATION No.</b>		Specify Issuing Authority/Agency	
<b>WORK HOURS/FTE</b>		Hours employed / week	

ABOUT MY WORK	
Employer/s:	
Government Ministries by which employer/s are funded:	
Job title and brief description of my work role (including when started in role)	
How this course will benefit my work (and the children / adolescents with whom I work)	

**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 the Ministry of Health**.
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 child and adolescent mental health for at least the duration of the courses.
  - b) A commitment to complete the courses in one year (Semesters 1 & 2).
  - c) A commitment to **attend all teaching blocks** on campus or online as decided:
    - **Semester 1, Teaching block dates**
    - **8 & 9 March 2022 and 10 & 11 May 2022**
    - **Semester 2, Teaching block dates**
    - **2 & 3 August 2022 and 4 & 5 October 2022**
  - d) A commitment to **meet regularly with my Supervisor** and have a **record** of each meeting.
  - e) A commitment **to communicate**, as early as possible, to my Manager, my Supervisor and to the University Course Coordinator any problems with meeting the above commitments or any other issues that might affect my progress.

**APPLICANT ACKNOWLEDGMENT**

Name	Acknowledgement	I accept	Date

## Supervisor Form

### Brief Explanation of Supervisor Role

1. The Manager approves a suitable Supervisor (in consultation with the Supervisor and the student).
2. The Supervisor is someone in (or associated with) the service who is in a position to support the student through this CBT programme, i.e. someone who is interested, experienced & knowledgeable, in CBT.
3. This might be the Student's usual clinical supervisor or it might be another clinician
4. Supervisor is asked to go through the relevant parts of [About PG Courses in ICAMH](#)
5. Supervisor will be provided with information on the programme and are contacted by the teaching team at least twice a year (beginning and middle stages)
6. It is expected that students would arrange to meet with their Supervisor.
7. The purpose of meetings includes:
  - a. to review progress,
  - b. for the supervisor to give the student feedback on draft assignments,
  - c. to prepare for upcoming assignments and other coursework,
  - d. to consider progress towards learning goals
  - e. And, especially, to enhance application and integration of CBT into the student's clinical work.
  - f. Also to address any issues, in liaison with the manager and the University
8. Note that part of this agreement is that the **Student gives the Supervisor permission** to communicate with their Service Manager and with University staff about their progress.
9. After each meeting, the student is expected to document a short summary email to the Supervisor with copies to the Manager and to the University.
10. Potential Supervisors are welcome to contact the Course Coordinator, Dr Tania Cargo with any questions, [t.cargo@auckland.ac.nz](mailto:t.cargo@auckland.ac.nz), Mobile, 021 1430399

## SUPERVISOR'S AGREEMENT

<b>MANAGER SUPPORT</b> (Can be completed by Student Applicant with permission from Manager)	
<b>MANAGER'S NAME</b>	
<b>PLACE OF WORK</b>	
I support this Supervision arrangement	
<b>STUDENT AGREEMENT</b>	
<b>STUDENT'S NAME</b>	
<b>PLACE OF WORK</b>	
I agree to this supervision arrangement	
<b>SUPERVISORS DETAILS</b> (Can be completed by Student Applicant w permission from supervisor)	
<b>NAME</b>	
<b>POSITION &amp; DISCIPLINE</b>	
<b>QUALIFICATIONS</b>	
<b>PLACE OF WORK</b>	
<b>TELEPHONE</b>	
<b>EMAIL</b>	
<b>DATE</b>	
<p>Note that completion acknowledges that:</p> <ul style="list-style-type: none"> <li>• I (Supervisor) have read and understood the above</li> <li>• I undertake to support the applicant in doing the CBT courses.</li> <li>• If I am to discontinue this role for whatever reason, I shall inform the relevant Manager and the University course coordinator as soon as possible, <a href="mailto:t.cargo@auckland.ac.nz">t.cargo@auckland.ac.nz</a></li> <li>• I understand that being a Supervisor requires regular meetings with the student and that brief records of this need to be kept by student and shared via email.</li> </ul>	

## SERVICE LEADER / MANAGER AGREEMENT

### Funding for CBT with Children & Adolescents (I & II), 2023

NAME OF APPLICANT:

- Both CBT papers need to be completed in one year.
- Information on the CBT courses and about the funding can be accessed at [About PG Courses in ICAMH](#)
- **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:**

1. Deliver the CBT courses with full fees funded (costs of approximately \$3,000)
2. Provide information and liaise about students' progress with Service Managers / Leaders and Student Supervisors.
3. Be available, in person or via phone and email, for enquiries by students, managers, supervisors
4. Provide guidance on cultural matters to all students and have a member of the teaching team to offer individual support to Māori and Pacific students.
5. Seek feedback from Students, Managers and Supervisors

#### ACKNOWLEDGEMENTS & UNDERTAKINGS BY THE MANAGER / SERVICE LEADER

**As Service Manager / Leader, I acknowledge that:**

1. The applicant is a **suitable candidate** for the funded CBT course.
2. The applicant is **working with children and/or adolescents with mental health and addictions problems** as part of a team and has **regular supervision** of clinical work.
3. There is a suitable **workplace Supervisor** to support the applicant with integrating learning into clinical practice (with guidance from University of Auckland teaching staff).

**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.**

MANAGER DETAILS & AGREEMENT	
NAME	
POSITION	
SERVICE	
TELEPHONE	
EMAIL	
DATE	

Thank you for supporting your clinician in further study.

**Once this completed application form is received, we may email you (Manager) and may ask for a brief, specific endorsement of the applicant.**

You are welcome to contact the Course Coordinator, with any queries:  
 Dr Tania Cargo, [t.cargo@auckland.ac.nz](mailto:t.cargo@auckland.ac.nz), Mobile, 021 143 0399