



## MEDICAL AND HEALTH SCIENCES



### POSTGRADUATE CERTIFICATE IN HEALTH SCIENCES (INFANT, CHILD & ADOLESCENT MENTAL HEALTH)

### FUNDING FROM TE POU / SKILLS MATTER for 2023

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

#### POINTS TO NOTE

- ❑ To apply for a University place to do the [Postgraduate Certificate in Health Science \(Infant, Child & Adolescent Mental Health\)](#) go to [Application portal](#).
- ❑ To apply for funding by [Skills Matter of Te Pou](#), complete this funding application form.
- ❑ This whole completed funding application form to be saved as a Word doc (your surname as the first part of the file name) and emailed as attachment, together with any other docs, to: Group Services Administrator Maisie Liu, [ying.liu@auckland.ac.nz](mailto:ying.liu@auckland.ac.nz)
- ❑ The earlier you apply, the better
- ❑ The three courses comprising the Certificate can be done in a single year **BUT** most have done it over two years (needs to be consecutive years, Y1: Courses PSYCHIAT 747 & 740; Y2: Course 768). If you are working full time and/or have other significant commitments, you are advised to do it over two years.
- ❑ NOTE that funding is provided one year at a time and that, although, funding has 'rolled over' from one year to the next, this cannot be guaranteed
- ❑ 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 are liable to repay the tuition fees (\$5,500)**. Therefore, please ensure you are committed & able to complete and that, if anything changes, you consult with your Manager and the University as soon as possible.
- ❑ If you have questions about your eligibility for the programme or for funding, or about the courses, contact Programme Coordinator Vas Ajello, [v.ajello@auckland.ac.nz](mailto:v.ajello@auckland.ac.nz), 021 991 828

#### There are three parts to this Application for Te Pou Funding

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| 1. <b>Manager Form:</b> 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 <a href="#">About PG Courses in ICAMH</a> .  |
| 2. <b>Mentor Form:</b> You can fill this part in yourself but go over it carefully, with your Mentor together with the rest of this pack and <a href="#">About PG Courses in ICAMH</a> .<br>The Mentor is the person (preferably at your workplace) who will be supporting you through the study programme (this may be your usual clinical supervisor).<br><b>NOTE</b> that Mentor should be approved by your manager |
| 3. <b>Applicant Student Form:</b> <ul style="list-style-type: none"> <li>• To be completed by you</li> <li>• First check that you are eligible for funding: <a href="#">Eligibility and entry requirements</a></li> <li>• See also, <a href="#">Selection criteria for funding</a></li> </ul>  |

## Funding for PG CERTIFICATE IN ICAMH, 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 NAME &amp; POSTAL ADDRESS</b>			
<b>TELEPHONE (W &amp; Mob)</b>		<b>MOBILE:</b>	
<b>PREFERRED EMAIL</b>			
<b>HIGHEST QUALIFICATION</b>			
<b>CURRENT POSITION</b>			
<b>DISCIPLINE</b>		If a nurse, specify RPN or RCpN	
<b>REGISTRATION No.</b>		Specify Issuing Authority/Agency	
<b>WORK HOURS/FTE</b>		Give hours employed / week	
<b>One Year or Two</b>		If wanting to do the Certificate (all 3 courses) in one year, then confirm support in bottom row & contact Vas (v.ajello@auckland.ac.nz, 021 991 828)	
<b>Educational History</b> (Year & qualification, most recent first)			
<b>Current Work</b> (Current job title, date started, service, brief description of current role)			
<b>Brief Career Plan</b> (Your career plan, goals)			
<b>Other Relevant Info</b> (Any further info and, if wanting to do whole Cert in 1 year, confirmation of capacity & manager approval & support)			

## Funding for PG CERTIFICATE IN ICAMH, 2023

### MENTOR FORM

#### Brief Explanation of Mentor Role

1. The Manager approves a suitable Mentor (in consultation with the Mentor and the student).
2. The Mentor is someone in (or associated with) the service who is in a position to support and mentor the student through the Postgraduate Certificate in ICAMH, i.e. someone who is interested, experienced & knowledgeable, and is accessible.
3. This might be the Student's usual clinical supervisor or it might be another clinician
4. Mentor is asked to go through the relevant parts of [About PG Courses in ICAMH](#)
5. Mentors will be provided with information on the Certificate programme and are contacted by the teaching team at least twice a year.
6. At the end of the year, Mentors are given a *Certificate of Acknowledgment* from the University for their professional portfolios and an honorarium in the form of vouchers.
7. It is expected that students would arrange to meet with their Mentor **not less than twice per semester**, i.e. at least twice during Semester 1 (March – June) and twice in Semester 2 (July – Nov). (Meeting 3 or 4 times per semester is more usual)
8. The purpose of meetings includes:
  - a. to review progress,
  - b. for the Mentor to give the student feedback on completed coursework,
  - 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 what is covered in the Certificate Programme with the student's clinical work.
  - f. Also to address any issues, in liaison with the manager and the University
9. Note that part of this form / agreement is that the **Student gives the Mentor permission** to communicate with their Service Manager and with University staff about their progress.
10. Student completes Mentor Meeting Report form and shares this with Mentor, Manager & University twice per semester.
11. Potential Mentors are welcome to contact the Programme Coordinator, Vas Ajello with any questions, [v.ajello@auckland.ac.nz](mailto:v.ajello@auckland.ac.nz), Mobile, 021 991 828

## MENTOR AGREEMENT

(Can be completed by Student Applicant with permission from Manager)

Note that completion acknowledges that:

- Mentor has read and understood this section
- Manager has approved this arrangement
- Mentor undertakes to support the applicant in doing the Certificate.
- If Mentor discontinues / changes for whatever reason, Student will inform the relevant Manager and the University programme coordinator as soon as possible ([v.ajello@auckland.ac.nz](mailto:v.ajello@auckland.ac.nz))
- Mentor understand & accepts that regular meetings with the student are required (at least two per semester) and that brief records of this need to be kept and submitted to Tutors by student (Mentors are very welcome to contribute directly to the Mentor Meeting Reports sent by students).

<b>MANAGER'S NAME</b>	
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<b>PLACE OF WORK</b>	
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Manager supports this Mentor arrangement

### STUDENT AGREEMENT

<b>STUDENT'S NAME</b>	
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<b>PLACE OF WORK</b>	
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I agree to this Mentor arrangement

### MENTOR DETAILS (Can be completed by Student Applicant with permission from Mentor)

<b>NAME</b>	
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<b>POSITION &amp; DISCIPLINE</b>	
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<b>PLACE OF WORK</b>	
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<b>TELEPHONE</b>	
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<b>EMAIL</b>	
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<b>DATE</b>	
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## SERVICE LEADER / MANAGER AGREEMENT

### Funding for PG CERTIFICATE IN ICAMH, 2023

- All three courses need to be completed **in one year or in two consecutive years**.
- Information on the Certificate and about the funding can be accessed at [About PG Courses in ICAMH](#)
- **NOTE** that funding is provided one year at a time and that, although, funding has 'rolled over' from one year to the next, this cannot be guaranteed
- **If the student does not complete the papers the student / service will be liable to repay the tuition fees (\$5,000). 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 PG Certificate in Health Science (Infant, Child & Adolescent Mental Health) with full fees funding (saves student / service about \$5.5K)
2. Provide information and liaise about students' progress with Service Managers / Leaders and Student Mentors
3. Be available, in person or via phone and email, for enquiries by students, managers, mentors
4. Provide guidance on cultural matters to all students and have a member of the teaching team to offer individual support to Māori and Pasifika students.
5. Seek feedback from Students, Managers and Mentors
6. Meet with the Certificate Advisory Group (managers are invited to attend / phone in)
7. Upon receipt of invoice from the Service (a reminder is sent), make a payment of \$1000 to the Service for each ha (30 points) of the Certificate completed by the funded student. This 'backfill' payment is made in recognition of release time from work for study.
8. Guide out-of-Auckland students to Skills Matter to apply for reimbursement of travel and accommodation expense (at least a good part of such costs are funded).
9. Comply with the Programme specifications, including reporting requirements, as set out in the Skills Matter website [Core skills for infant, child and adolescent mental health addiction](#)

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

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

1. The applicant is a **suitable candidate** for the funded Certificate programme.
2. The applicant is employed in a service which meets relevant **Health and Disability** and **Health and Safety Standards**
3. The applicant's main work is **assessment and / or treatment of mental health difficulties of children and/or adolescents** as part of a team and applicant has **regular supervision** of clinical work.
4. There is a suitable **workplace Mentor** (can be the same person as the clinical supervisor) to support the applicant in the Certificate and for assistance 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 Mentor 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** with a commensurate reduction in work (case) load. **For a student completing the Certificate in one year, study release time is generally one day per week of the academic year (late February to mid-November). If students complete in two years this is usually half a day a week.**
4. Liaise with the University if there are **any difficulties**, especially any question of suspending or discontinuing the Certificate.
5. Support the applicant with access to **IT** suitable for online learning and accessing electronic library and other resources.
6. Support the applicant to gain access, if necessary, to **experience beyond their current workplace** (for example, a broader age group or range of presenting problems). This may include clinic visits to another service / team.
7. Send an **invoice to the University** at the end of the academic year, for 'backfill' for work release time (see point 3 above)

**I understand that completion of below signifies that I, as service leader / manager, have discussed all the above with Applicant and Mentor and agree to the above acknowledgements and undertakings.**

**MANAGER DETAILS & AGREEMENT**

<b>NAME</b>	
<b>POSITION</b>	
<b>SERVICE</b>	
<b>TELEPHONE</b>	
<b>EMAIL</b>	
<b>DATE</b>	

Managers, thank you for supporting your clinician in further study.

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

You are welcome to contact the Programme Coordinator, with any queries:  
Vas Ajello, [v.ajello@auckland.ac.nz](mailto:v.ajello@auckland.ac.nz), Mobile, 021 991 828

**APPLICANT CONSENT / ACKNOWLEDGEMENT- Please consider very carefully**

1. I confirm the information provided is **correct**
2. I agree that the University of Auckland staff and my Service Manager and my Mentor /Supervisor can **discuss my progress**.
3. I agree that the University of Auckland can provide demographic, academic and contact **information about me to Te Pou**.
4. I understand that, if granted, **acceptance of Te Pou funding comes with obligations**, including:
  - a) A commitment **to continue to work** in a Ministry of Health funded service with a focus on child and adolescent mental health for at least the duration of the programme.
  - b) A commitment to complete the Certificate in not more than two consecutive years.
  - c) A commitment to **attend all teaching blocks** (747- 20 & 21 February ; 768 – 22 & 23 February , 22 & 23 May , 7 & 8 August and 6 & 7 November)
  - d) A commitment to **meet regularly with my Mentor** and to email a **brief record** of each meeting.  
A commitment **to communicate**, as early as possible, to my Manager, my Mentor 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	I accept	Date	