



**MEDICAL AND
HEALTH SCIENCES**



PSYCHIAT 773: YOUTH FORENSIC PSYCHIATRY

Application for funding via Werry Workforce Whāraurau, 2023

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

- Applicants need to be graduates working primarily with children 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 (v.ajello@auckland.ac.nz) and James Gardiner (JGardiner@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 / Mentor is welcome to contact us, v.ajello@auckland.ac.nz; 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 [Student Services Online](#). 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 this funding 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 [About PG Courses in ICAMH](#).

2. **Applicant Student Form:** To be completed by you (see below)

This whole completed funding application to be saved as a PDF doc and submitted as attachment to an email, together with any other supporting documents to: Maisie Liu, ICAMH Coordinator, ying.liu@auckland.ac.nz

APPLICANT (STUDENT) FORM

SURNAME			
FORENAMES			
UoA Student ID No.			
GENDER		D.O.B.	
ETHNICITY			
IWI (If applicable)			
CITIZENSHIP STATUS			
HOME POSTAL ADDRESS			
WORK NAME & POSTAL ADDRESS			
TELEPHONE (W&H)		MOBILE:	
PREFERRED EMAIL			
SCOPE OF PRACTICE			If a nurse, specify RPN or RCpN
REGISTRATION No.			Specify Issuing Authority/Agency
WORK HOURS			Give hours employed / week

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 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: 13 & 14 March, 15 & 16 May**
 - **Semester 2, Teaching block dates: 21 & 22 Aug, 30 & 31 Oct**
 - 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	
------	--	-----------------	--	------	--

SERVICE LEADER / MANAGER AGREEMENT

Funding for Youth Forensics Course, University of Auckland

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 [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:

- Deliver the Youth Forensic course with full fees funded (costs of approximately \$3,000)

ACKNOWLEDGEMENTS & 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.

SERVICE LEADER / 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 Programme Coordinator, with any queries: James Gardiner (JGardiner@adhb.govt.nz)

Work History – for the last 5 years

My Current Employer is

From [date] to present

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:

Prior to that my employer was: [employer's name]

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:

Any other information you consider relevant: