



CHC53315 Diploma of Mental Health

Expression of Interest

To be completed and signed by the applicant and the applicant's manager. Management support and commitment throughout the duration of the program is essential.

Part A: Applicant's Personal Details

Surname:			
Given Names:			
Position Title:			
Department:			
Facility:		Cost Centre:	
Employee Number:		Telephone:	
Length of Service in Current Position:			
E-mail Address:			

Part B: Application Detail

This section forms the basis of selection of applications.

Please provide details of your current experience in mental health services and your current community mental health experience.

How long have you been working in community mental health?
How many years have you been working as a clinician?

What outcomes do you hope to achieve by participating in the Diploma of Mental Health? (E.g. particular skills, knowledge etc.)

Do you currently receive clinical supervision? If yes, is it individual or group supervision or both? How often do you attend supervision?

What are your career aspirations (where do you see yourself in 5 years' time)? How will attending this course help you achieve them?

Do you hold any Statements of Attainment that you wish to request a credit transfer for?

Yes No

If Yes, please list and attach a copy of Statement of Attainment with this EOI.

Part C: Applicant Declaration

I have read the Diploma of Mental Health program guide and have discussed this with my line manager. I can make the commitment required to complete all of the program requirements.

Applicants Signature: _____

Date: _____

Please attach your CV and job description to this application

Part D: Completed by Applicant's Line Manager

As the applicant's manager, I fully support the staff members' participation in this program and the staff members' completion of the requirements of the program.

I understand this program will require me to:

- Provide support to complete the 'Workplace Competency Development Program'.
- Collaborate with the applicant to discuss their development needs and how these may be met through workplace projects/activities.
- Release the applicant to attend workshops.
- Provide ongoing support to the applicant for the duration of the program.

Manager's Details			
Surname:			
Given Names:			
Position Title:			
Department:		Cost Centre:	
Facility		Telephone:	
E-mail Address:			
Managers Signature: _____		Date: _____	

Checklist Prior to Submitting:

- Resume attached.
- Job description.
- Line Managers endorsement & signature.
- Supported documents such as completed course transcripts.

Please return this form via email to:

Marika Van Ooyen

Address: Centre for Education & Workforce Development,
Rozelle Campus, Building 301, Balmain Road (Opposite Cecily St) Lilyfield,
NSW 2039

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Fax: 02 8755 352002 87553539

Email: marika.vanooyen@health.nsw.gov.au

Applications Close: 6th September 2021 | Course Start Date: 12th October 2021