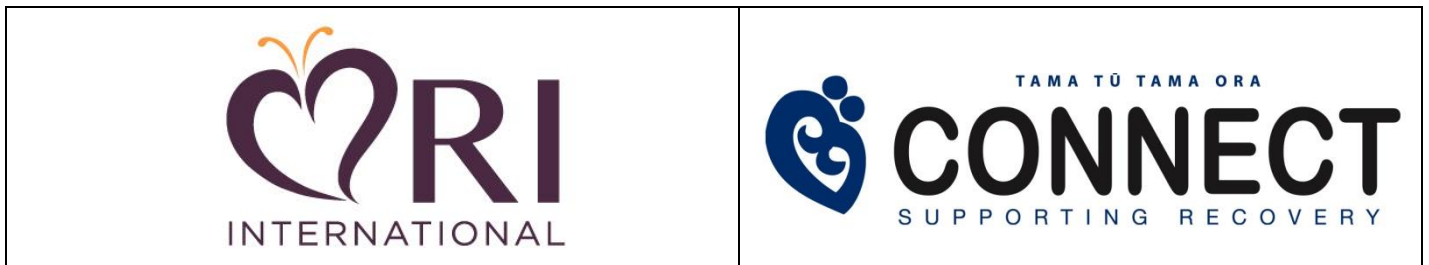




# PEER EMPLOYMENT TRAINING

THIS APPLICATION FORM CAN BE USED FOR EITHER OF THE TWO CMDHB SPONSORED TRAINING PROGRAMMES:



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PHONE NUMBER/S: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Please answer this form in your own words.

1. Are you currently employed within a Counties Manukau DHB funded service as a Peer Support Specialist?

Yes / No If yes, where? \_\_\_\_\_

2. WHICH PROVIDER IS YOUR PREFERRED OPTION? **Connect** **RI International**

You may apply to both organizations but please note you may only participate in **ONE** training. Connect and RI International will share information about waiting lists and enrolled students.

3. DO YOU INTEND TO WORK AS A PEER SUPPORT SPECIALIST IN COUNTIES MANUKAU?

Yes / No

4. PLEASE DESCRIBE YOUR PERSONAL UNDERSTANDING OF RECOVERY: (If space provided is not sufficient you can use back of page or attach another).

5. WHY DO YOU WANT TO BE A PEER SUPPORT SPECIALIST?

6. PLEASE DESCRIBE THE WELLNESS PLAN AND OR SUPPORT SYSTEM YOU USE TO MAINTAIN YOUR RECOVERY.

The entry requirements are the same for both Connect and RI International with the exception of the WRAP and or recovery tools/plans requirement. You must meet all of these criteria. Please tick the boxes to confirm each item.

- Do you have lived experience of mental health issues or AOD issues (alcohol and/or other drug)?
- Do you live within the Counties Manukau DHB area?
- Have you completed a WRAP Course (and have a certificate). If not please ensure you give a full answer to Question 6. Please note that WRAP is a requirement for RI International. Connect will consider people who can identify their own recovery plan/tools which may or may not include WRAP.
- Do you currently have a WRAP that you follow to support your recovery or other tools and plans?
- Do you have a personal understanding of recovery?
- Do you wish to use what you have learned through your own lived experience of recovery to inspire recovery in the lives of others?
- Can you commit to attending the whole course and completing homework assignments? You will not pass if you cannot attend minimum sessions and meet course work requirements.
- Can you read, understand, and write English at a high school level?
- Are you eligible to work in New Zealand?

I (please print name) \_\_\_\_\_

Hereby certify that the above information is true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

***Remember places are limited but you can apply again if you don't gain a place in the training you apply for.***

Please send this form to the Provider you are applying to, they will contact you and if shortlisted will ask you to be interviewed.

### Send applications to either of the following

#### RI International

**Training Venue: Manukau Shopping Centre**  
Level 3, Westfield Tower, Manukau Shopping Mall, (take elevator past Burger King)

**Training Dates:** In total four weeks. Three days a week, Monday, Wednesday, Friday i.e. 11 days over four weeks.

Class No.:	6	
Start Date:	14 <sup>th</sup> Nov 18	

Time: 9am – 4.30pm – Mon, Weds, Fri.

Please send your applications to:

**RI International**

**Attn: Gary Robinson**

PO Box 97-458, Manukau 2241

Or

**Email:** Gary.robinson@riinternational.com

**Phone:** (09)263-6035 or **Fax:** (09)263-6030

#### Connect Supporting Recovery

**TRAINING VENUE: DRIVE offices**  
**Level 1, 28C Lambie Drive**  
**Manukau City**  
**PH: 09 263 5923**

***(Please note the Connect carpark is strictly unavailable for training participation)***

**Nov 1<sup>st</sup> through to Dec 4<sup>th</sup>. 2018**  
**Tuesday and Thursdays,**  
**0900 -1530**

Applications to:

**Connect Supporting Recovery**

PO Box 102149, North Shore Mail Centre

Attn: Angie, reception

**Email:** reception@connectsr.org.nz

**Phone:** (09)443 3700/Fax: (09) 441 2400

**Please be aware that participation in either training does NOT guarantee employment.**