

Mapping the Difference We Make Enrolment Form



INITIAL TRAINING (insert date) _____

CONSENT:

Information you provide here (other than your credit card details) will be held by MHCC or Workforce database. This enables MHCC to administer and evaluate this initiative to better meet workforce training needs. MHCC may publish de-identified findings from this initiative in future workforce-related evaluative research. agree don't agree

TRAINEE DEMOGRAPHIC INFORMATION:

Male Female < 20 Yrs 20-30 31-40 41-50 51and over

First name Surname

W/Phone No: W/Fax:

Mobile: W/Email:

Position:

Organisation:

NGO Address:

\$100 per day per person Members or \$150 non members (GST Inc)

Cheque enclosed or Visa Mastercard

Name on Card: _____ Expiry Date: _____

Number: _____

Signature : _____

PLEASE RETAIN AS YOUR TAX INVOICE MHCC ABN: 59 279 168 647

THE INFORMATION BELOW IS REQUIRED TO COMPLETE ENROLMENT TO HELP US TAILOR CLASS SYNDICATE GROUPS TO YOUR NEEDS (Thanks).

① At enrolment, please describe your experience using ANY consumer outcome measures EVER (in any job)

non user new user (less than 3 months) existing user (3 months or more)

② Please list which outcome measures you have ever used in your CURRENT NGO.

③ Please list which outcome measures you have used ever.

④ What are your current qualifications in the health and human services?

Currently in training: _____ planning to undertake training
 Degree in a health or welfare discipline _____
 Diploma Assoc diploma _____
 Certificate or Vocational Certificate _____
 Higher degree or diploma _____

⑤ What training/support have you had in consumer outcome measurement?

None On job instruction employer NGO-provided seminar on consumer outcome measures MHOAT Uni/College MHCC Cert IV course
 Mapping the Difference We Make Familiarisation Event _____
 Mapping the Difference We Make Familiarisation Website information Other

⑥ Other than ④⑤ what mental health training have you had in the past 2 years?

None Some _____

Thank you

Please email to info@mhcc.org.au or post or fax to: Mental Health Coordinating Council

PO Box 668 Rozelle NSW 2039 Fax: 02 9810 8145

Initial training introduces HoNOS. Full HoNOS Training is one half day further to this program by negotiation at a date to be advised.