## CMHDARN Community Research mentoring proGRAM APPLICATION FORM

The CMHDARN Community Research Mentoring Program supports workers from MHCC and NADA member organisations who have an interest in developing their research knowledge and skills with academic mentoring support.

Initial support is available for up to 6 months with the potential for an extension. There is no cost involved, but you will need to make time for your research, to work with your mentor and obtain your supervisor’s and/or manager’s approval.

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## WHO CAN APPLY?

* be based in NSW;
* be working for an organisation that is a current member of either MHCC and/or NADA;
* demonstrate evidence of organisational support and capacity, including manager (or equivalent) sign-off.

Although applicants do not need to have identified a specific research project, they should at least have a research concept in mind and research-skills that they have identified to enhance or a topic they would like to develop over the course of the mentorship program.

## WHAT HAPPENS NEXT?

If your application meets the eligibility criteria, you will be notified and then matched with an early career research fellow from a participating university for the mentoring program.

***Please see the “CMHDARN Community Research Mentoring Program - Information for Applicants” before completing this application.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| CONTACT DETAILS | | | | | | | |
| Name | | | | | | | | |
| Work phone |  | | Mobile | | |  | | |
| Work email | | | | | | | | |
| EMPLOYMENT DETAILS | | | | | | | |
| Organisation Name | |  | | | | | | |
| Street address | | | | | | | | |
| Suburb / City | |  | | | | | | |
| State / Postcode | |  | | | | | | |
| **Membership Status** | | **MHCC member** | | | **NADA member** | | | |
| **Organisation Type** | | **Mental health**  **Alcohol and Other Drugs** | | | **MH and AOD   Other: Please specify** | | | |
| Current position | |  | | | | | | |
| Length of time in position | |  | |  | | |  | |
| PROJECT DETAILS | | | | | | | |

## 

Briefly outline the research project / idea that you will develop as part of the mentorship:

Identify which research skills you wish to develop as part of the mentorship program:

|  |  |  |
| --- | --- | --- |
| **Developing a research question   Study design and methodology  Survey/Questionnaire design   Data collection** | **Qualitative analysis**  **Quantitative analysis**  **Statistical advice**  **Outcomes and evaluation** | **Literature review**  **Ethics applications and guidance**  **Report writing** |

Outline any previous research experience you have:

|  |  |  |
| --- | --- | --- |
| Would you like to receive feedback on your research project from people with lived experience during your mentoring program?   |  |  | | --- | --- | | **Yes** | **No** |   CONTACT WITH MENTOR |

What is your preferred method of contact with your mentor (can tick more than one)?

|  |  |  |
| --- | --- | --- |
| **Face-to-face   Skype / Zoom** |  | **Phone call**  **Email** |

|  |
| --- |
| TIME SPENT ON PROJECT |

How much time can you commit to your project each week?

|  |  |  |
| --- | --- | --- |
| **1-5 hours  6-10 hours  11-15 hours** |  | **16-20 hours**  **20+ hours**  **Other:** |

Do you have supervisor / manager approval to commit this time to your research project?  **Yes  No**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MANAGER APPROVAL FOR APPLICATION | | | | |
| Manager name | |  | Position |  | |
| Work phone | |  | Mobile |  | |
| Work email | |  |  |  | |
| Signature | |  | Date | / / | |
|  |  | | | | | |

**Please send your completed application form to the Research Network Coordinator**

|  |  |
| --- | --- |
| EMAIL | info@cmhdaresearchnetwork.com.au |