THIS APPLICATION FORM CAN BE USED FOR THE EMBER

HEALTH NZ COUNTIES MANUKAU SPONSORED TRAINING PROGRAMME:

NAME:

ADDRESS:

DATE OF BIRTH:

N

Y

SMOKER:

If yes to smoker how many (please circle). 1-5. 6-10. 11-15. 16-20. 21-29. 31+.

CONTACT PHONE NUMBER/S:

ETHNICITY

EMAIL ADDRESS:

Please answer this form in your own words.

1. Are you currently employed within a Te Whatu Ora Counties Manukau funded service as a Peer Support Worker?

Yes / No If yes, where?

1. DO YOU INTEND TO WORK AS A PEER SUPPORT WORKER IN COUNTIES MANUKAU?

Yes / No

1. PLEASE DESCRIBE YOUR PERSONAL UNDERSTANDING OF RECOVERY: (If there’s not enough space use the back of page or attach another).

1. WHY DO YOU WANT TO BE A PEER SUPPORT WORKER?

|  |
| --- |
|  |

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

**These are the entry requirements to enroll into the Ember Peer Employment Training Program**

**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 drugs)?
* Do you live within the Counties Manukau DHB area?
* Have you completed a WRAP training?
* Do you currently follow your WRAP?
* 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 the 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?

Emergency Contact Person Name:

Emergency Contact Person

Phone Number:

***(By signing this form, you agree that this person may be contacted in the event of an emergency/ incident as deemed necessary by Ember Korowai Takitini Staff)***

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’re not offered a place this time around.*

Please apply and we will contact you. If shortlisted, we will invite you to be interviewed.

Applications to:

**ruth.cheeseman@ember.org.nz**

or post to:

**Ember Korowai Takitini**

P.O. Box 22424, Otāhuhu, Auckland

Attn: Ruth Cheeseman

**Class will be held from**

**9am to 4pm**

**every Wednesday and Thursday**

**at 51 Huia Rd, Otāhuhu.**

**The next training will start on**

**Weds 12th Feb**

**and finish on Thurs 20th March 2025**

Queries to Ruth Cheeseman

ruth.cheeseman@ember.org.nz

PH: 021 625-560

# PLEASE BE AWARE THAT PARTICIPATION IN THE CLASS

# DOES NOT

# GUARANTEE EMPLOYMENT