



# Peer Employment Training



THIS APPLICATION FORM CAN BE USED FOR THE EMBER  
HEALTH NZ COUNTIES MANUKAU SPONSORED TRAINING PROGRAMME:

NAME:

ADDRESS:

DATE OF BIRTH:

SMOKER:

☐ Y☐ N

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?

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

Yes / No

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

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

5. 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 12<sup>th</sup> Feb  
and finish on Thurs 20<sup>th</sup> 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**