



PEER EMPLOYMENT TRAINING

THIS APPLICATION FORM CAN BE USED FOR THE EMBER CMDHB 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 Counties Manukau DHB 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 space provided is not sufficient you can use 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 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 don't gain a place in the training you apply for.

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, Otahuhu, Auckland

Attn: Ruth Cheeseman

**The next training will be starting on
Wednesday May 3rd and be held 9am til
4pm every Wednesday and Thursday til
Wednesday 7th June 2023**

**It will be held at 51 Huia Rd, Otahuhu with
COVID precautions in place to make this a
safe training 😊**

Queries to Ruth Cheeseman
ruth.cheeseman@ember.org.nz

PH: 021 625-560
Or 09 263 5923 and leave a clear message

PLEASE BE AWARE THAT PARTICIPATION IN THE CLASS DOES NOT GUARANTEE EMPLOYMENT