

First Nations Mental Health First Aid Training EOI

Form Preview

Expression of Interest Information

Registration Information

This is the registration information for those expressing interest in receiving one of the 84 training places in the First Nations Mental Health First Aid course.

To be eligible you must identify as a First Nations person working in the primary care sector within the Hunter New England and Central Coast region. [MAP](#)

The training places are being awarded on a first in basis to eligible applicants.

Note that a small waitlist will be taken once the allocation has been exhausted and if any positions become available (eg. through drop out), they will be offered to the next available person on the waitlist.

Please ensure you read the full guidelines [here](#).

Please ensure you enter the correct details, including punctuation in this form.

If you have any questions, please contact **grants@thepfn.com.au** or call **1300 859 028** during business hours.

If you do contact us throughout this process, please quote the Expression of Interest application number below:

EOI Application Number

This field is read only.

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, located [here](#).

Future Notifications

☐ I DO NOT wish to be notified of upcoming grant opportunities.

Contact Details

* indicates a required field

First Nations Eligibility

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Do you identify as a First Nations person working within the primary care sector?

*

- ☐ Yes
☐ No

This training has been targeted at First Nations primary care workers only.

If known, where is your mob from?

Person Applying for the training *

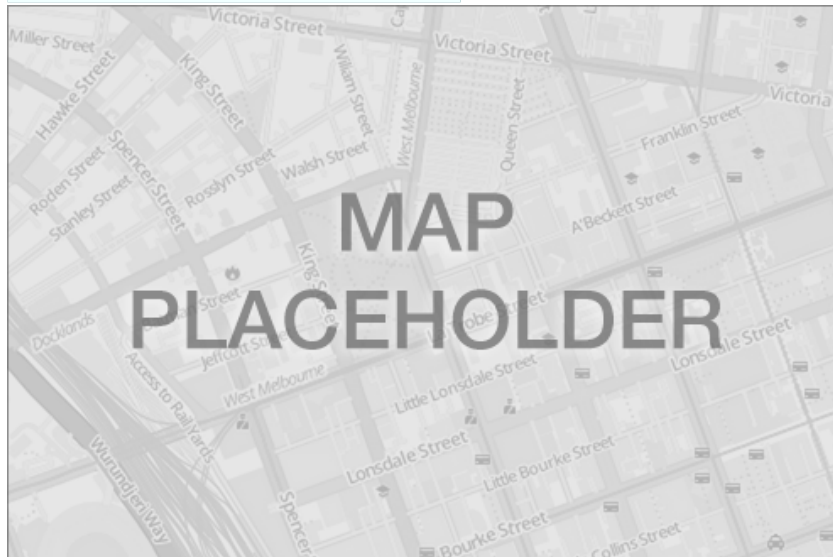
Title First Name Last Name

This is the person who will be undertaking the training

Position *

Postal Address *

Address



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
This is where the training materials will be posted to

Your Phone Number *

Must be an Australian phone number.

Your Email *

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Must be an email address.

As this is an accredited course, you **MUST** complete all of the parts of the training.

- This includes 7-8 hour of pre-workshop training that is required to be completed individually prior to the workshops.
- Completion of the 2 x 2.5 hour online workshops spread over 2 days

Date options for the workshops will be made available to successful applicants.

I understand I need to complete all parts of the training course. *

- ☐ YES
☐ NO

Why do you want to do this accredited Mental Health First Aid training? *

How do you see this training helping in your workplace and community? *

Would you be interested in becoming a Mental Health First Aid Facilitator for your community after completing this course (additional training required)? *

- ☐ Yes
☐ No
☐ More information required

In the event that future scholarships become available, what different courses or areas/subjects would you be keen to study for skill development, and why?

Employment Details

* indicates a required field

Employer *

Organisation Name

Who do you work for

Employer Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

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Certification and Feedback

* indicates a required field

Certification

Thank you for submitting an expression of interest for the First Nations Mental Health First Aid training course.

I certify that to the best of my knowledge the statements made within this registration form are true and correct.

I also understand that training places are allocated on a first in basis to eligible applicants and submitting an application is no guarantee of receiving a position.

NOTE: If personal or special circumstances prevent you from starting or completing the course within the designated timeframe, you will need to discuss your options with either the training organiser or PHN.

I have read and understood the [guidelines](#) for this Expression of Interest.

I agree *

☐ Yes

☐ No

If successful, the information supplied in this form will be required to be shared with the training organisation, Mental Health Partners, to facilitate enrolment in the training course. Sharing of information conforms to the Privacy Policy of the PHN which can be found [here](#).

I Agree *

☐ Yes

☐ No

☐ Please contact me to discuss

Date *

Must be a date