

**Referee's Questionnaire for Application for
National Certificate in Mental Health (Support Work)**

Referee's Questionnaire for:

The above-named is applying to study National Certificate in Mental Health (Mental Health Support Work). This is a one year, full-time programme designed to offer mental health support workers opportunities to develop their skills, knowledge and value base in order to practice more competently as support workers.

Applicants may choose to study either full-time (completing all 10 modules) or part time (completing only certain modules). The programme is broken down into the following components, each of which roughly constitutes 1/3 of the course:

- **One full day in-class**
- **14 hrs work-practice per week**
- **Self-directed learning**, (6-10 hours per week for students to complete course reading and assignment work in their own time)

This questionnaire asks you to comment on the suitability of the applicant for this programme of study and to acknowledge your support of the person named above in his/her application for the programme of study.

Confidentiality Clause:

This information is being gathered to assist us with the selection process. Under the Privacy Act, Sect 29, individuals have access to all information about themselves unless a specific exclusion is made.

Should the above-named be successful in their application, the information will be retained in his or her personal file. Should the applicant not be successful we will destroy this questionnaire.

Please complete the attached form as soon as possible and return to:

Academic Administrator
Centre for Health and Social Practice
Wintec
Private Bag 3036
Waikato Mail Centre
Hamilton 3240

Please use additional sheets of paper for your answers if you require.

**Referee's Questionnaire
 Application for National Certificate in Mental Health (Support Work)**

Name of Applicant:

Name of Referee:

Name of Employing Organisation:

Address of Organisation:

Telephone: **Email:**

This questionnaire asks you to comment on the suitability of the applicant for this programme of study and to acknowledge your support of the person named above in his/her application for the programme of study.

1. Do you consider that you know the applicant well enough to complete this form? Yes / No

If "yes" please continue. If "no" please return the questionnaire to the Administrator at the above address.

2. How long you have known the applicant?

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3. How well do you know the applicant?

Not well / reasonably well / well / very well

4. How confident are you about commenting on this application?

Not confident / reasonably confident / confident / very confident

5. This course is full time, **120 credits, Level 4 (NZQA)**. It requires time management, focus and motivation.

How well can the applicant manage time effectively to ensure successful completion of tasks?

Please circle: Not well / reasonably well / well / very well

6. Please comment on the **experience, values, skills and abilities** of the applicant that make them a suitable candidate for the role of mental health support worker.

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7. Are there any supports the applicant may require in undertaking this course of study?

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8. Students will be required to spend a **minimum of 3 days per week** in **workplace practice** in a mental health support work setting. This should not interfere with standard workplace responsibilities, however some support from the employer will be required.

Which of the following could your organisation provide the applicant should his or her application be successful?

- Facilitating regular visits from the tutor
- Access to organisational information such as policies, procedures etc
- Access and time for students to work with consumers / tangata whaiora in the workplace context
- Professional supervision
- Flexible rosters
- Financial assistance
- Other?

Yes	No

9. Are there any concerns you have about supporting the applicant in the workplace?

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10. Any further comments?

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I consent to this information being made available to the applicant if requested. Yes / No

Thank you for your cooperation.

Signature: **Date:**