



Please Return to:
Mindful – Centre for Training and Research
in Developmental Health
The University of Melbourne
Building C, 50 Flemington Street
Travancore Vic 3032

T: (03) 9371 0220

DEVELOPMENTAL PSYCHIATRY COURSE

APPLICATION FORM FOR _____ (year)

Personal Details:

Surname: (Mr/Mrs/Miss/Ms)

Given Names: Date of Birth: / /

Permanent Address:

..... Postcode:

Telephone: (Home)..... Mobile:

Email:

Address to which correspondence regarding this application may be sent if different from above:

.....

..... Postcode:

Employment Details:

Profession:

Name of Current Position:

Place of Employment:

.....

Work Address:

..... Postcode:

Telephone: (Work)..... Fax: Email:

Please briefly describe the nature of the work you do:

.....

.....

.....

.....

Academic Qualifications

*This application must be accompanied by certified copies of **transcripts** of the qualifications listed. Applications will not be processed unless this documentation is provided.*

Undergraduate Program:

University Attended	From	To	Qualification

Graduate Program: (If applicable)

University Attended	From	To	Qualification

Clinical Contact

1. In your work, how often do you meet with children? (Please circle one)

Never	Rarely	Occasionally	Regularly	Always
-------	--------	--------------	-----------	--------

2. In your work, how often do you meet with adolescents? (Please circle one)

Never	Rarely	Occasionally	Regularly	Always
-------	--------	--------------	-----------	--------

3. In your work, how often do you meet with parents? (Please circle one)

Never	Rarely	Occasionally	Regularly	Always
-------	--------	--------------	-----------	--------

4. In your work, how often do you meet with families? (Please circle one)

Never	Rarely	Occasionally	Regularly	Always
-------	--------	--------------	-----------	--------

Supervision

1. Do you have regular supervision? (Please circle one)

Yes	No
-----	----

If yes, what is the frequency and form of your supervision?.....

.....

2. Name of your supervisor:

Background Information

1. How many years' experience have you had working in child, adolescent and family mental health?

.....

2. Apart from your current position, what other work experience have you had in child, adolescent and family mental health?

.....

.....

3. Describe any special skills you have in this area of work:

.....

4. Why do you wish to do this course?

.....

.....

Prerequisite Course Completion

Routinely, the prerequisite for this course was the "Assessment, Treatment and Case Management in CYMHS" one-week course previously conducted by Alfred Child & Youth Mental Health Service. Have you, in the last two years, completed this course? (Please circle one.)

- . Yes Year completed:.....
- . No

▪ *If NO, you will automatically be enrolled into the "Child & Youth Mental Health Introduction to Assessment Short Course" conducted by Mindful on 30th January to 1st February 2017 – this course has replaced the Assessment, Treatment and Case Management in CYMHS course, previously conducted at the Alfred. (If you have experience in CYMHS assessment you will not need to attend the three day assessment course. If this is the case you need to apply in writing to the course coordinator to request that prior experience will substitute for the course).*

▪ *If YES, please include a copy of your certificate with your application form.*

Resume

Please attach a typed resume including the following areas: undergraduate training, postgraduate training, other professional training, professional affiliations, employment history, clinical experience, and supervision received.

Referees

Please provide the names, addresses and telephone numbers of two professional referees who are knowledgeable about your recent work performance. New graduates may provide personal or professional referees.

Referee one:

Name:

Address:.....

..... Postcode:

Phone (BH): Phone (Mobile):

Fax:..... E-mail address:

Position:

Referee two:

Name:

Address:.....

..... Postcode:

Phone (BH): Phone (Mobile):

Fax:..... E-mail address:

Position:

Course Discovery

Please indicate how you learned about the Developmental Psychiatry Course.

Professional Journal

Please specify:.....

Newspaper

Please specify:.....

Internet

Email

Word of Mouth

Please specify:.....

Direct Mail

Other

Please specify:.....

The following is to be completed by your Head of Department:

The above applicant has my full support in undertaking the Developmental Psychiatry Course and arrangements have been made to enable their regular attendance at the course on Wednesdays throughout the school term year.

Signature: Date:

Print Name:..... Title: