



# Expression of Interest

## Western Sydney Recovery College - Peer Educator

Name: .....

Are you:      Carer      Consumer      Other: .....

Do you have a Certificate IV in Workplace Training:      Yes      No

Do you have experience in developing and/or facilitating training and education?      Yes      No

Are you from a CALD background?      Yes      No

Do you identify as someone from the LGBTQI community?      Yes      No

### Part A: Your Skills, Knowledge and Experience

➤ Please indicate your interest in providing training within the following streams detailing examples of specific courses you could either assist with delivery or from work you previously have done.

#### 1. Understanding Mental Health

Examples of Workshops	I can assist (Lived Experience)	I have experience /knowledge but I am not a clinician	I have experience as a clinician
Understanding a diagnosis of: depression, anxiety, Personality Disorders			
What is a Recovery College			
Navigating the mental health system/information under the Mental Health Act			

#### 2. Skills for Life

Examples of Courses	I can assist (Lived Experience)	I have experience /knowledge but I am not a clinician	I have experience as a clinician
Building Self Confidence			
Conversations about Change			
Mindfulness			
Effective Communication			

Skills			
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**3. Getting involved and making a difference**

Examples of Courses	I can assist (Lived Experience)	I have experience /knowledge but I am not a clinician	I have experience as a clinician
Consumer & carer Participation			
Advocacy skills			

**4. What could you offer? (Suggestions Welcome)**

**Part B: Your Availability**

1. Western Sydney Recovery College runs workshops on Tuesday, Wednesday and/or Thursday. Which is your preferred day?

- Tuesday  
  Wednesday  
  Thursday  
  Either days

2. The lengths of the workshops are either 2 hours or 4 hours. Which of these do you prefer

- 2 hours  
  4 hours  
  full day  
  Either length

3. What is the best way to contact you?

Telephone: .....

Email: .....

Best times: .....

Referees – please list two referees that we can contact

1. Name: .....

Position: .....

Organisation: .....

2. Name: .....

Position: .....

Organisation: .....