

Send To *Social Service Institute*
National Council of Social Service
 298 Tiong Bahru Road
 #18-01, Central Plaza, Singapore 168730
 Tel: 6598 5555 Fax: 6589 5540

Attention To: *Ms Sabrina Rapi*

APPLICATION FORM

Please tick the course(s) that you are applying for:

<input type="checkbox"/> Preparatory Training for Potential Peer Support Specialist	<input type="checkbox"/> Certificate in Peer Support
'Preparatory Training for Potential Peer Support Specialist' is a two-day classroom-based training that provides learners with an awareness and introduction to the role of a Peer Support Specialist. It also inculcates the significance of sharing one's lived experiences in order to facilitate the recovery journeys fellow peers within a peer support work.	'Certificate in Peer Support' equips learners with the necessary competencies to perform the role of a Peer Support Specialist. This module comprises of 10 days of classroom-based training and 100 hours of supervised practicum in a social service or healthcare agency.

Please complete **ALL** the fields in this application form and in the relevant annexes. Incomplete submissions will **not** be processed.

A. APPLICANT DETAILS

- Name of Applicant (As per NRIC): Mr/Mrs/Ms/Mdm/Dr _____
- NRIC/Passport No.: _____
- Date of Birth: _____
- Mobile Phone No.: _____
- Office No. (if applicable): _____
- Email Address: _____
- Dietary Options: ☐ Standard (Halal) ☐ Vegetarian
- Gender: ☐ Male ☐ Female
- Race: ☐ Chinese ☐ Malay ☐ Indian ☐ Others: (_____)
- Languages spoken: _____

11. Residential Address: _____

12. Emergency Contact:

Name:	Relationship:	Contact No.:

Note: NCSS and SSI reserves the right to contact your emergency contact in the event of a known crisis/emergency.

13. Preferred mailing address for SSI's correspondence:
☐ Residential
☐ Organisation (Key in the details in the box provided)

Organisation Name & Address:

14. Citizenship: ☐ Singaporean ☐ Permanent Resident

15. Indicate the mental health condition(s) that you have been diagnosed with:

16. Have you been re-admitted to the hospital for your condition(s) in the past 1 year?
☐ Yes ☐ No

Note: If you have been re-admitted to the hospital for your condition(s) in the past year, please provide a letter of support from your psychiatrist or another mental health professional stating that you are medically fit to undergo the 180 hours of training that is required to complete the 'Certificate in Peer Support.'

17. Are you a current or past user of mental health service(s)?
☐ Yes (please provide the required details in the table below)
☐ No

Name of Organisation	Mental Health Service Received	Years in Treatment

B: EDUCATION & TRAINING

1. Highest Educational Qualification

- ☐ PSLE and below ☐ Secondary ☐ 'O' levels ☐ 'A' levels
☐ NITEC ☐ Higher NITEC ☐ Diploma ☐ Degree and above

2. List all formal academic qualifications received, starting from the most recent qualification received.

Qualification	Institution	Country	Full Time (F/T) or Part Time (P/T)	Years Undertaken

Note: You are required to substantiate the stated qualifications with photocopies of the relevant transcripts and certificates.

3. Have you completed the module, 'Preparatory Training for Potential Peer Support Specialist,' conducted by SSI?

- ☐ Yes. Indicate year and run: _____ ☐ No

4. Have you completed any employment preparation training (e.g. employment training courses, employability skills training, job readiness training)?

- ☐ Yes (please provide the required details in the table below) ☐ No

Programme	Course Trainer	Course Date

Note: Please provide a copy of the stated certificates for the programmes indicated in the table above.

5. Have you completed any other training programme(s) in the field of mental health (e.g. Illness Management Recovery Programme)?

☐ Yes (please provide the required details in the table below) ☐ No

Programme	Training Provider	Course Date

Note: Please provide a copy of the stated certificates for the programmes indicated in the table above.

C: CURRENT & PREVIOUS EMPLOYMENT / VOLUNTEER EXPERIENCE

1. What is your current employment status?

☐ Working within a Peer Support Role ☐ Working in another capacity ☐ Unemployed

☐ Others: _____ (please provide details)

2. Please list your entire employment history in the table below, starting from your most recent position.

	Job Title	Organisation	Brief Description of Work	From (month/year) to (month/year)	Years Employed
1					
2					
3					
4					
5					
6					

3. Indicate your current salary range.

- ☐ Unemployed
 ☐ Below \$1000
 ☐ \$1000 - \$1499
 ☐ \$1500 - \$1999
☐ \$2000 - \$2499
 ☐ \$2500 - \$2999
 ☐ \$3000 - \$3499
 ☐ \$3500 and above

4. Are you currently volunteering with an organisation?

- ☐ Volunteering in Peer Support role
 ☐ Volunteering in another capacity
 ☐ Not volunteering

Please list your entire volunteering history in the table below, starting from your most recent volunteer experience.

	Volunteering Role	Organisation	Brief Description of Role	From (month/year) to (month/year)	Years in Role
1					
2					
3					

5. Are you comfortable with sharing your recovery story with your peers within the network?

- ☐ Yes
 ☐ No (state reason, if any) : _____

D. TERMS AND CONDITIONS

1. Course Fees

The programme is fully sponsored for Singaporeans and Singapore Permanent Residents, with 100% attendance requirement.

2. Head of Organisation's Approval

(For organisation-endorsed applicants) Application is to be endorsed by the HR Manager/Director or Head of Organisation/Head of relevant department prior to the submission.

3. Withdrawal

For course withdrawal, applicants are to inform SSI via email before confirmation email is sent out.

SSI generally confirms a course two (2) weeks before commencement date through email notification.

4. Changes and Cancellation

SSI reserves the rights to make changes to a course programme, date, time and venue, or cancel a course due to unforeseen circumstances. Every effort, however, will be made to inform participants as soon as possible of the change.

5. Personal Data

The personal data supplied by the applicant in this application form and during the course ("Personal Data") is collected, used and disclosed by NCSS for the purposes of assessing the applicant's suitability for the Peer Support Specialist Training programme and for administering, evaluating and conducting the programme (the "Purposes"). The Personal Data may be shared with authorised third parties as appointed by NCSS, for internal evaluation purposes. Non-identifiable data may be shared for the purposes of research, service improvement or for any other purposes prescribed or permitted under Singapore law.

NCSS agrees that it shall and shall procure that its directors, officers, employees, subcontractors and agents (collectively "Personnel"):

- (a) only use the Personal Data for the Purposes;
- (b) protect the Personal Data against unauthorised or accidental access, collection, use, disclosure and destruction, and ensure that security measures are implemented to give such protection;
- (c) give the applicant notice in writing immediately of it becoming aware of or suspecting that any of the events referred to in sub-clause (b) has occurred and shall promptly take all necessary steps to remedy the event and prevent its re-occurrence;
- (d) not retain the Personal Data for any period of time longer than is necessary to serve the Purposes;
- (e) limit disclosure of the Personal Data to its Personnel on a need to know basis, and only for the Purposes;
- (f) not disclose the Personal Data of an applicant to any unauthorised third party (whether in Singapore or otherwise) without the applicant's prior written consent. Where such consent is given by the applicant, SSI shall procure that the third party complies with the requirements in this clause and all of the applicant's written instructions in relation to the handling of the Personal Data; and
- (g) not transfer the Personal Data out of Singapore without the applicant's prior written consent.

6. Certification

A Certificate of Achievement will be awarded to participants who achieved 100% attendance and passed all assessments requirements.

NCSS and SSI reserves the right to update the terms and conditions whenever it is deemed necessary.

E. DECLARATION

☐ I have been endorsed by my organisation to attend the course. Annex B (in the sealed envelope accompanying this application) has been duly completed by my HR Manager/ Director or Head of Organisation / Head of Department.

☐ I am attending this course as an independent applicant.

I have read the instructions on this application form and I represent and warrant that, to the best of my knowledge, the information provided by me is true and complete, and that I have not willfully suppressed any information.

I fully understand and accept that if any time after enrolment, it is found that a false declaration has been made in this form or that I have not complied with the terms and conditions of my enrolment, NCSS has the absolute right to terminate my enrolment forthwith without assigning any reasons.

I acknowledge and agree that SSI shall have the absolute discretion to accept or reject my application without being liable to give any reason thereof.

I further acknowledge and agree that SSI may vary or reverse any decision regarding my admission or enrolment in the programme on the basis of incorrect, false or incomplete information provided by me. I shall not hold SSI liable for any loss or damage resulting or arising therefrom or any consequential losses.

I represent and warrant that my general health (including mental health) is good and there is nothing which renders me unfit to participate in this programme.

I understand that NCSS, SSI and/or my assigned practicum host organisation will inform my emergency contact if necessary, to ensure my safety and well-being.

I agree to indemnify and keep indemnified SSI and its Personnel from and against all damages, liabilities, demands, costs, expenses, claims, actions and proceedings (including reasonable legal fees) arising out of or in connection with:

- a) my application;
- b) any breach of the terms and warranties in this section F; and
- c) my participation in the programme.

I understand that a practicum placement will be arranged for me as part of the course requirements, and that I will be assigned a practicum supervisor who will assess me on the practical application of competencies taught in the classroom training.

I understand and agree that as part of my enrolment into this programme, I will be required to participate in programme evaluation (including post-programme evaluation).

☐ I consent to grant permission to NCSS and SSI to use and/or publish my photographs, videos, quotes and personal information in training, marketing, and/or publicity materials by NCSS and SSI.

☐ I consent to grant permission to NCSS and SSI to release my information in this application form to coordinators of the Programme, potential practicum host organisations and appointed parties for the purpose of evaluation.

☐ I consent to grant permission to NCSS and SSI to release my contact information to any interested organisations or partners to contact me directly regarding requests for trained Peer Support Specialists to speak at talks or participate in events, publicity, focus group interviews or other engagement sessions.

☐ I consent to grant permission to NCSS to release my contact information to agencies overseeing employment initiatives for Peer Support Specialists to be considered for employment as a Peer Support Specialist.

I understand and agree to the terms and conditions set out in sections D and E of this application form.

 Signature

 Date

Additional Attachments

Please include the following documents in your submission.

- Copies of academic certificates and transcripts (compulsory)
- Copy of letter of support from your psychiatrist or other mental health professional (if applicable)
- Copies of training certificates and/or official transcript (if applicable)

For applicants who submit a duly complete application form, along with the supporting documents, they may be shortlisted for an interview between 27 to 29 Jan 2021 and will be notified via email.

Please submit this application form in hard copy form along with the supporting documents by 08 December 2020 to:

Social Service Institute
National Council of Social Service
298, Tiong Bahru Road, #18-01, Central Plaza, Singapore 168730
Addressed to: Ms Sabrina Rapi

*For enquiries, please contact Ms Sabrina Rapi, phone: (65) 6589 5570/5555,
email: Sabrina_RAPI@ncss.gov.sg*

ANNEX A: YOUR REFLECTIONS

Note: It is compulsory to complete Annex A and submit it together with your application form.

As a Certified Peer Support Specialist, we share parts of our personal recovery story with the people we support.

- 1. What does 'recovery' mean to you? Where are you currently in your recovery journey?**
(Please provide a reply that is approximately 50 words)

- 2. Please share your recovery story.** (Please provide a reply that is approximately 50-80 words)

- 3. Provide an example of how you have shared your recovery story to support another individual.** (Please provide a reply that is approximately 50-80 words)

If you are applying for the 'Certificate in Peer Support', please also answer question 4.

4. Share how you intend to use the skills acquired from the Certificate in Peer Support' after graduation.

(Please provide a reply that is approximately 50-80 words)

Thank You

Details of Organisation's Training Administrator:

Name: _____

Contact No. _____

Email: _____ Fax: _____

Declaration:

I have read the instructions on this application form and I represent and warrant that, to the best of my knowledge, the information provided by the applicant is true and complete.

I acknowledge and agree that SSI shall have the absolute discretion to accept or reject the applicant's application without being liable to give any reason thereof.

I further acknowledge and agree that SSI may vary or reverse any decision regarding the applicant's admission or enrolment in the programme on the basis of incorrect or incomplete information provided by the applicant. I shall not hold SSI liable for any loss or damage resulting or arising therefrom or any consequential losses.

I represent and warrant that the applicant's general health (including mental health) is good and there is nothing which renders him/her unfit to participate in this programme.

I understand and agree to the above terms and conditions of this Annex B.

*Signature of HR Manager/ Director or
Head of Organisation / Head of relevant
Department*

Company Stamp

Name & Designation

Date

4. Please share two strengths and two weaknesses you've seen in the applicant.

5. Please share how the applicant has demonstrated that he/she is at an advanced stage of recovery (e.g. insight to illness, emotional and mental stability, having a positive support system, leading a healthy lifestyle).

6. Please share examples of how the applicant has provided peer support to others.

7. Please share why you think the applicant is suited to join the Peer Support Specialist Programme.
