

Introduction to Child and Adolescent Mental Health Online Resource

This course presents an overview of child and adolescent mental health. It has been specifically developed for new graduates and those new to the sector from District Health Boards (DHBs) and Non-Governmental Organisations (NGOs) in New Zealand. It will also be useful for other professionals who work with children and young people and are interested in the area of mental health.

To enrol in this course, complete this form and then follow the instructions at the end to 'Submit'. The information we gather from this form may be used in reports/summaries and presentations. However, your email address and any other information that could potentially identify you will not be disclosed.

Once we have received this form we will process this within a week and send you an enrolment key for the resource and the accompanying course information.

This e-learning resource has been developed by the Werry Centre for Child and Adolescent Mental Health Workforce development programme.

PERSONAL INFORMATION

1. Name: First _____ Last _____

2. a) Email address: _____ b) Phone: _____
(We will use this to complete your enrolment in the course)

3. Work address: _____
(Please include suburb and town/city if possible)

4. In which region do you work?

Northern Midlands Central Southern

5. Which ethnic group do you belong to? Tick all those which apply to you.

NZ European Maori Samoan Tongan

Cook Island Maori Niuean Chinese Indian

Other (Please specify) _____

6. What is your age group?

7. Are you: Male Female

[Continued >>](#)

www.werrycentre.org.nz

Phone: 09 9234360 Email: coordinator@werrycentre.org.nz

Fax: 09 3794034 Post: The Werry Centre, Private Bag 92019, Victoria Street West, Auckland 1142



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PROFESSIONAL INFORMATION

8. What is your profession?

- Nurse
 Social Worker
 Occupational Therapist
 Clinical Psychologist
 Other (*Please specify*) _____

9. What is your highest professional qualification?

10. What sort of agency do you work for?

- Tertiary Education Institution
 AoD Service
 Student
 NGO
 CYFs
 DHB
 Other (*Please specify*) _____

11. How long have you worked in a child and adolescent mental health team?

- Less than 6 months
 6-12 months
 1-2 years
 More than 2 years
 Not applicable (*Please explain*) _____

12. If you do not wish to be added to the contacts database and receive future updates from The Werry Centre, please tick here

HOW TO SUBMIT THIS QUESTIONNAIRE:

A. By printing and 1) sending by post/fax or 2) scanning and emailing to us. Our contact information is at the bottom of this page.

B. Click on the 'SUBMIT Enrolment Form' button below. Your computer will then ask you to do one of two things:

- 1) "Do you want to allow access?" – click YES (or ALLOW) and then click SEND to email message as per usual. **Or...**
- 2) The "Select email client" window appears. Select **Option 1** if you use a desktop application such as Microsoft Outlook to organise your emails and click 'send data file', a new message will open, click to send as usual.
Select **Option 2** if you use internet based email such as hotmail, gmail, xtra etc. Then follow the instructions in the window to save the data file and send. Note: the file is a .fdf file and you will not be able to open it.

Please print a copy of the form for your reference.

You will receive a confirmation email within 2 working days of completing this form, if you do not receive a confirmation email please contact us.

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