LIVED EXPERIENCE WORKFORCE PROGRAM

Peer Supervision Training – Expression of Interest

Purpose

- To upskill experienced Lived Experience/Peer workers from within the mental health sector and support career pathways into leadership;
- Increase the pool of skilled, trained individuals who can provide internal Lived Experience practice-specific Peer Supervision to people in designated mental health Lived Experience/Peer roles within their organisation;
- Increase the pool of skilled, trained individuals who can provide external Lived Experience practice-specific Peer Supervision to people in designated mental health Lived Experience/Peer roles through LEWP's fee-for-service Peer Supervision service or through an in-kind arrangement between organisations.

The content of this training aligns with the LEWP Peer Supervision Framework, which was developed in co-design to meet the peer supervision needs of the mental health sector and reflects best practice as articulated through the National Lived Experience (Peer) Workforce Development Guidelines and the LEWP Mental Health Lived Experience Workforce Standards and Guidelines.

Expression of Interest

We welcome Expressions of Interest from individuals who are currently employed in designated, mental health Lived Experience/Peer work roles within the mental health sector, who wish to train as Peer Supervisors and are able to provide the following:

1. A copy of this EOI form, completed and signed
2. A document, addressing in a trauma-informed manner the Essential Criteria listed below (*brief* sentences/paragraphs)
3. A current resume, showing evidence of a minimum of 2 years in a designated mental health Lived Experience/Peer work role

Once your documents have been received, they will be reviewed by the LEWP team. You may be contacted to discuss your EOI in more detail if required. Please be assured that all information will be treated with respect, dignity and the utmost confidentiality at all times. Following a decision being made, the LEWP Senior Project Officer will contact you to discuss the outcome.

Name and pronouns	
Phone	
Email	

Organisation and Position	

Essential Criteria: knowledge and skills

Lived Experience Roles	• Define personal and carer/family Lived Experience roles and the differences/similarities between them
	• Describe the difference between a designated Lived Experience role and a support work role held by someone with lived experience, with specific reference to:
	  ○ The origins of the Lived Experience workforce
	  ○ The experiences that inform Lived Experience practice

Lived Experience Skill Set	• Describe your understanding of what is meant by Lived Experience as a "skill set" • Provide one de-identified scenario that demonstrates application of your personal or family/carer Lived Experience to work practice, in supporting a participant/family/carer, *or* supporting another Lived Experience/Peer Worker
Values and Principles	• Describe the core values and principles that guide Lived Experience practice and why it is important for Peer Supervisors to know these • Provide a de-identified scenario from practice, in which you experienced an ethical dilemma and how you responded to it

Self-responsibility	• Describe your understanding of the responsibility Lived Experience workers have for self-management
	• Provide an example of your self-management practices and how this supports you to:
	  ○ Fulfill the obligations of your Lived Experience practice and general employee requirements
	  ○ Dis-engage from the role after hours

Leadership	• Describe a time that you supported the practice of someone else in a designated Lived Experience role through self-reflection:
	  ○ How did you approach this?
	  ○ Describe the boundaries implemented
	• Describe the challenges the Peer Workforce faces when it comes to Lived Experience practice development and a time that you actively

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	advocated for this within your organisation (e.g. professional development, peer supervision)
Other	• List the lived experience practice activities you engage with regularly • List any group facilitation experience you have had • Briefly tell us why you want to do this training and how you will utilise it within your organisation

Statement

I confirm I am submitting all required documentation as outlined in this EOI form. I understand that submission does not necessarily guarantee acceptance into the Peer Supervision Training and that I may be contacted for further discussion about my Expression of Interest.

If selected to participate, I commit to attending both training sessions and agree to participate in a manner that aligns with the values and principles of peer work and LEWP. I have the full support of my organisation to participate as part of my role.

Your signature: **Date:**

Line Manager Details	
Name and pronouns	
Organisation	
Position	
Signature	

Please submit completed form to Lizzie Graham, Senior Project Officer - LEWP
lizzie.graham@mhcsa.org.au

EOI no later than Wednesday 1st April 2026 COB 5 PM Thanks.

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