

Health Promotion Registration Application Example

At the beginning of the application you are required to provide personal contact details and the details of two referees (who have an understanding of your health promotion knowledge, skills and experience). You are also required to indicate which university you attended (if appropriate), the name of the degree you completed and attach an academic transcript as evidence.

Self Assessment

The concepts, principles and ethical values of Health Promotion as defined by the Ottawa Charter for Health Promotion (WHO, 1986) and subsequent charters and declarations

Yes

Please indicate where knowledge acquired – you may tick more than one box

Education, Work

Please provide details on how you have achieved the competency

I gained knowledge of the Ottawa Charter and other relevant charters and declarations while studying a Master of Health Promotion degree at ABC University. I have since continued to gain and reinforce my knowledge through application in health promotion work roles I have held. For example, in my current role as a Health Promotion Officer, the Ottawa Charter has been a key consideration in health promotion planning. In 20XX, in planning a new 4 year Health Promotion Plan, I developed a review checklist which included the Ottawa Charter (see attached document) to review the current health promotion plan. This checklist was used by the Health Promotion Team to assess which strategies might be appropriate to continue in a new plan.

The concepts of health equity, social justice and health as a human right as the basis for Health Promotion action

Yes

Please indicate where knowledge acquired – you may tick more than one box

Education, Work

Please provide details on how you have achieved the competency

I gained knowledge of the concepts of health equity, social justice and health as a human right while studying a Bachelor of Health Promotion degree at ABC University. I have since continued to gain and reinforce my knowledge through application in health promotion work roles, for example, as a health promotion practitioner in XXX health service. Following attendance at the XXX Conference and being inspired by one of the speakers, I wrote an article and presented at an in-service on health equity, social justice and health as a human right using the analogy of the Titanic Disaster that I had heard at the Conference (see article and presentation attached).

The determinants of health and their implications for Health Promotion action

Yes

Please indicate where knowledge acquired – you may tick more than one box

Education, Work

Please provide details on how you have achieved the competency

The social model of health was the primary model used in my degree to establish understanding about the distribution of health and wellbeing. This was juxtaposed to other models e.g. biomedical model to enhance critical appraisal skills and included an exploration of both contemporary and historical health issues, comparing how the social determinants of health have impacted populations differently and similarly throughout history. Additionally, in my current role I have delivered training to health promotion students, as well as community members from culturally and linguistically diverse backgrounds to enhance their understanding of the varying aspects of health. For the latter group, this training has seen them challenge prior understandings of health, wellbeing and how these are acquired, which were largely based on the Biomedical Model. In my role as a tutor of public health students at XXX University, I designed and delivered activities and assessments to enhance appreciation of the social determinants of health and the subsequent inequitable distribution of health and wellbeing across and within populations.

The impact of social and cultural diversity on health and health inequities and the implications for Health Promotion action

Yes

Please indicate where knowledge acquired – you may tick more than one box

Education, Work

Please provide details on how you have achieved the competency

I gained knowledge of the concepts of social and cultural diversity on health and health inequities while studying a Master of Health Promotion degree at XXX University. I have since continued to gain and reinforce my knowledge through application in health promotion work roles, for example, as a health promotion practitioner in a health service. I have worked in the prevention of female genital mutilation in a government funded program (see attached case study). I gained significant knowledge about the impact of cultural diversity on health and health inequities and the need to adapt health promotion action to be considerate of culture.

Health Promotion models and approaches which support empowerment, participation, partnership and equity as the basis for Health Promotion action

Yes

Please indicate where knowledge acquired – you may tick more than one box

Education, Work

Please provide details on how you have achieved the competency

One of the uniquely advantageous features of the Bachelor of Health Science degree that I completed is the sheer volume of overlapping content and ethos. This degree included a focus on empowerment, participation, self-determination and working in partnership with communities to achieve equitable and sustainable outcomes. Practical assessment tasks most frequently focused on developing project plans in partnership with the target group it sought to assist. These assessments have proved eternally useful in equipping me with a set of skills in empowering communities through giving them real and meaningful control over the projects being developed. I have since successfully executed numerous projects using a range of participatory approaches that would not have been achievable without the sound partnerships built with both the community and other local stakeholders. By handing over control in a real and meaningful way, I have been able to establish broad community and sector ownership of project delivery and outcomes.

The current theories and evidence which underpin effective leadership, advocacy and partnership building and their implication for Health Promotion action

Yes

Please indicate where knowledge acquired – you may tick more than one box

Work

Please provide details on how you have achieved the competency

XXX organisation has strategically aligned itself with many local partner organisations who are mandated to undertake health and wellbeing planning (e.g. local and state government). With some influence, I have assisted some of these local partners in facilitating the development of their plans, and together we have embraced the shift towards systems-approaches and outcomes-based thinking. I regularly attend various forums, such as Theory in Practice, whereby current theories and evidence are presented and experimented with. I appreciate the leadership role that state government plays in our system, influencing the practice of health promotion regionally by sharing high-quality and contemporary research and evidence. I understand my role in the system as a contributor to the evidence base, be it by collecting data and insights to aid reporting on State Health and Wellbeing plan population health outcomes; or be it sharing practice-wisdom/learnings with local partners and stakeholders for use in their advocacy/grant-submission/planning efforts.

The current models and approaches of effective project and program management (including needs assessment, planning, implementation and evaluation) and their application to Health Promotion action. The evidence base and research methods, including qualitative and quantitative methods, required to inform and evaluate Health Promotion action

Yes

Please indicate where knowledge acquired – you may tick more than one box

Education, Work

Please provide details on how you have achieved the competency

I gained knowledge of current models and approaches of effective project and program management while studying a Master of Health Promotion and a Graduate Certificate in Project Management (see attached academic transcript) at XXX University. I have continued to gain and reinforce my knowledge through application in health promotion work roles I have held, for example, as a health promotion officer at XXX organisation. I led a planning process to develop a new strategic health promotion plan. This included a needs assessment, development of implementation strategies and evaluation planning inclusive of qualitative and quantitative methods. To guide this work I drafted a project plan (see attached). In a previous role as a health promotion practitioner in a health service, I developed an oral health promotion plan (see attached) that detailed the evidence base and research methods (including quantitative and qualitative) to be used to evaluate the health promotion action detailed therein.

The communication processes and current information technology required for effective Health Promotion action

Yes

Please indicate where knowledge acquired – you may tick more than one box

Education, Work

Please provide details on how you have achieved the competency

I gained knowledge of communication processes and current information technology required for effective health promotion action while studying a Bachelor of Health Promotion degree at XXX University. I have since continued to gain and reinforce my knowledge through application in health promotion work roles I have held, for example, in my current role as a Health Promotion Manager at XXX not for profit agency. Part of the current health promotion plan I am responsible for includes using social media, a website, an e-newsletter and an online discussion forum as platforms for health promotion action (see social media evaluation report attached).

The systems, policies and legislation which impact on health and their relevance for Health Promotion.

Yes

Please indicate where knowledge acquired – you may tick more than one box

Education, Work

Please provide details on how you have achieved the competency

I gained knowledge of the systems, policies and legislation which impact on health and their relevance for health promotion while studying a Bachelor of Health Science degree at XXX University. I have since continued to gain and reinforce my knowledge through application in health promotion work roles I have held, for example, as a Health and Wellbeing Team Leader in local government. I have contributed to the development of a new municipal public health and wellbeing plan (see attached project plan). This plan is a legislative requirement of the Public Health and Wellbeing Act 2008 and is required to align with the Victorian Public Health and Wellbeing Plan which is also mandated by this Act.

Employment Details

Are you currently employed?

Yes

Name of employer

XXX Organisation

Type of organisation (statutory/NGO/Private etc.)

Not for profit

Job Title

Healthy Communities Lead

Length of current employment (in months)

18 months

Additional information on other relevant employment activities within the past five years

Please refer to uploaded CV for details:

- September 20XX to November 20XX Prevention Coordinator XXX Organisation
- May 20XX to September 20XX Team Leader Health and Wellbeing, XXX Local Council
- July 20XX to May 20XX Program Leader Health and Wellbeing, XXX Health Service

Upload CV

Uploaded CV attached here



Summary of Role

Please give a short summary of your current or recent (within the past five years) Health Promotion role(s) with reference to the definition of a Health Promotion practitioner and of Health Promotion. A Health Promotion Practitioner refers to all those whose main role reflects Health Promotion as defined in the [Ottawa Charter and successive WHO charters and declarations](#). The term includes those working in management, education and research directly related to Health Promotion.

November 20XX to present - Health Promotion Team Leader, XXX Health: The primary purpose of this role is to supervise a team of health promotion practitioners to undertake integrated health promotion, to lead and coordinate health promotion planning, implementation and evaluation, and to strategically build and maintain relationships and partnerships with key stakeholders. This is all underpinned by a focus on enabling, mediating and advocating and on achieving supportive environments, personal skills, community action, healthy public policy and reoriented health services in and with our local community.

September 20XX to November 20XX - Prevention Coordinator, XXX Organisation: The main aim of this role was to facilitate collaborative catchment-wide health promotion focused on tobacco control and primary prevention of family violence, and to support and build the capacity of member agencies to undertake collaborative health promotion planning, implementation and evaluation. This role had an emphasis on mediation by encouraging cross-sectoral collaboration and on facilitating collective advocacy for health. The emphasis was on achieving supportive environments, personal skills, community action healthy public policy and reoriented health services in and with our local community.

May 20XX to September 20XX - Team Leader Health and Wellbeing, XXX Local Council: The key focus of this role was to lead Council's Health and Wellbeing Team of five staff with portfolios including health promotion as defined by the WHO and Municipal Public Health and Wellbeing Plan development which was inclusive of health promotion initiatives that were aimed at meeting the intent of the Ottawa Charter and other WHO charters and declarations.

Jul 20XX to May 20XX - Program Leader Health and Wellbeing, XXX Health Service: The primary function of this role was to lead the implementation of a statewide health promotion initiative in XXX Health Service catchment. This included coordination of interventions across settings, supervision of two health promotion officers and provision of specialist supervision to five others embedded across the Service. Grounded in the Ottawa Charter and contemporary health promotion approaches, the health promotion initiative was a complex systems approach to prevention, at scale, and at multiple levels of the system, to impact on population health outcomes.

Please note that you may be asked to supply copies of reports and other documents you refer to in the summary. If these reports or other documents are available online, please include the URL where these can be found. Please provide evidence for your work (URLs and/or titles of reports, descriptions, publications, relevant websites, etc.):

Please find attached the position descriptions for my current role and my last role. Please see uploaded documents for other evidence of my work.

Position descriptions attached here

Core Competencies

Enable Change

Type of work/activity

6a. Health Promotion Team Leader; 6b. Prevention Coordinator; 6c. Health Promotion Team Leader; 6d. Health Promotion Practitioner

When completed (year)

6a. 20XX; 6b. 20XX; 6c. 20XX; 6d. 20XX

Where completed

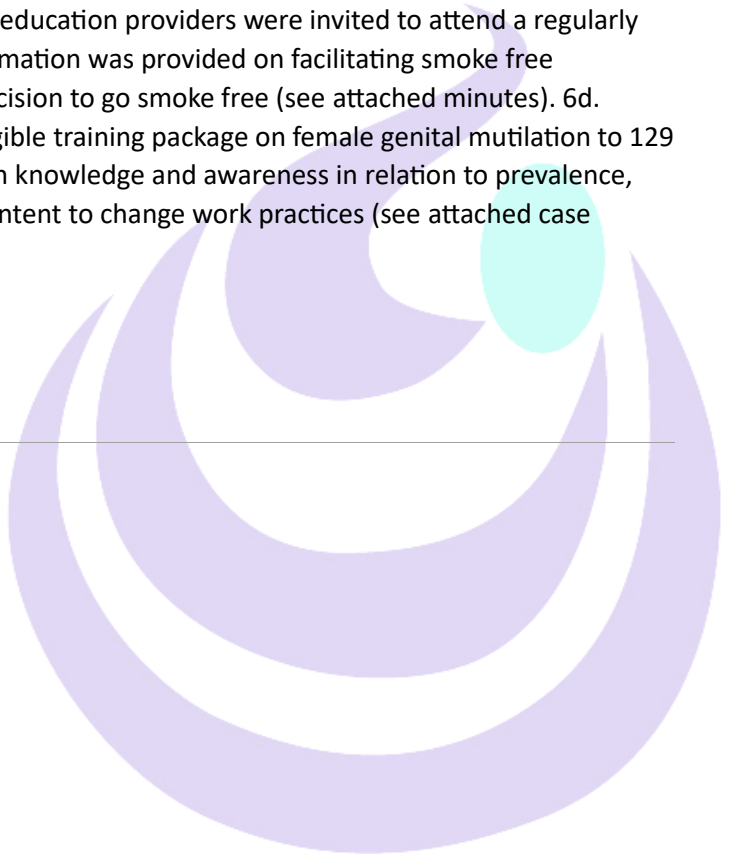
6a. XXX Health Service; 6b. XXX Organisation; 6c. XXX Council; 6d. XXX Community Service

Brief description of the action and your role with reference to the performance criteria above

6a. I am currently leading the development of ABC Organisation's 4 year Health Promotion Plan. This has involved developing collaborative partnerships with multiple key stakeholders including local government to improve health and reduce health inequalities in two local government areas (see attached project plan). 6b. Part of my role was to support integrated collaborative catchment planning in two LGAs. One method I used was to organise Prevention Alliance meetings where key prevention stakeholders shared their planning progress and priorities, and discussed potential for collective action and how it could be realised. 6c. I oversee tobacco control work in education settings. Two key alternative education providers were invited to attend a regularly scheduled Tobacco Control Working Group where information was provided on facilitating smoke free environments. Both providers subsequently made a decision to go smoke free (see attached minutes). 6d. Together with a bicultural worker, I delivered a CPD-eligible training package on female genital mutilation to 129 health professionals. Evaluation indicated an increase in knowledge and awareness in relation to prevalence, cultural issues and appropriate referral pathways, and intent to change work practices (see attached case study).

Other comments

No other comments



Advocate for Health

Type of work/activity

7a. Peak body volunteer; 7b. & 7c. Health Promotion Team Leader; 7d. Health Promotion Practitioner

When completed (year)

7a., 7b. & 7c. 20XX; 7d. 20XX-XX

Where completed

7a. XXX Peak Body; 7b. & 7c. XXX Health Service; 7d. XXX Community Organisation

Brief description of the action and your role with reference to the performance criteria above

7a. I have contributed to facilitating the commencement and implementation of a workforce capacity building strategy. The aim is to promote sustainable action for health promotion by ensuring that Australia has a high quality health promotion workforce that can effect real change. 7b. I am leading the development of a 4 year health promotion plan to improve community health and wellbeing. A key part of this has been engagement and consultation with key stakeholders to advocate for their investment in, and collaborative contribution to, health promotion action (see attached project plan). 7c. I oversee the development and dissemination of communications to support workforce health and wellbeing as part of a broader XXX Health Service workplace health and wellbeing strategy. Communication methods have included monthly e-newsletters, desktop banners and posters placed in locations frequented by staff such as above photocopiers (see attached Workplace Health and Wellbeing Strategy). 7d. I consulted with the local Aboriginal community in the development of a collaborative health promotion plan. Giving consideration to the importance of self-determination, relationships and face to face communication in Aboriginal culture, the consultation leveraged existing relationships with and linkages to Aboriginal community members.

Other comments

No other comments



Mediate through Partnership

Type of work/activity

8a., 8b. & 8c. Health Promotion Practitioner

When completed (year)

Between 20XX and 20XX

Where completed

XXX Community Organisation

Brief description of the action and your role with reference to the performance criteria above

8a. I co-established and co-led an oral health catchment working group created following identification of poor oral health as an issue in education settings. Rather than undertaking usual action planning, an innovative systems approach was taken with a focus on experimentation. One experiment showed potential and was amplified resulting in a broader catchment partnership and action plan. 8b. The oral health catchment working group partners were: two local councils, a federal government body, a government department program, community and health services, and a peak body. 8c. These stakeholders identified oral health as an issue in education settings. The health services had an investment in oral health promotion and the medicare local was mandated to support prevention integration. Other stakeholders participated because they were invested in optimising the oral health of children while others saw it as a way of better engaging and supporting education settings. I mediated between stakeholders in identifying collaborative actions that created a win-win for all parties (see attached conference presentation).

Other comments

Website URLs included here



Communication

Type of work/activity

Health literacy service management

When completed (year)

20XX-XX

Where completed

Three local council areas

Brief description of the action and your role with reference to the performance criteria above

In my current role as Health Promotion Manager at XXX NGO I have established and now manage a suite of health literacy services. These services aim to promote accessible communication principles among local service providers. Having completed extensive professional development in the fields of health literacy and accessible communications, I have been proactive in establishing opportunities to share these competencies with others - the overall goal being to improve the way communities are communicated with and therefore the way they are enabled to make informed decisions about their health and healthcare. The LGAs have high and growing numbers of migrant communities including refugees and people seeking asylum - a significant portion of whom have limited English proficiency and low health literacy. As such, it is imperative that an upstream systems approach is adopted, with a focus on improving organisational responsiveness, environmental navigation, and communication practices. I deliver a range of training packages focusing on skill development in the areas of 'creating readable documents' and 'effective interpersonal communications', as well as conducting environmental quality improvement audits of local organisations; and converting resources into easy English.

Other comments

No other comments



Leadership

Type of work/activity

10a., 10b., 10c. & 10d. Health Promotion Team Leader; 10e. Health Promotion Practitioner

When completed (year)

10a., 10b., 10c. & 10d. 20XX; 10e. 20XX

Where completed

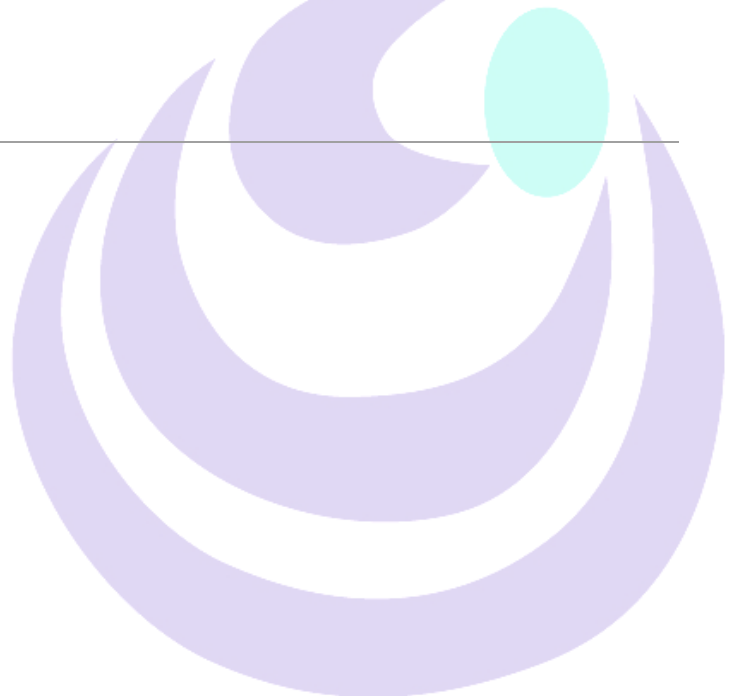
10a., 10b., 10c. & 10d. XXX Health Service; 10e. XXX Community Organisation

Brief description of the action and your role with reference to the performance criteria above

10a. My role involves engaging key prevention leaders in collaborative health promotion. This has involved both formal and informal approaches to identify and negotiate common / aligned goals and encourage willingness to partner (see attached position description). 10b. I lead a team of health promotion practitioners. I have facilitated active team participation in planning by involving everyone throughout the process. Team meetings have been a key vehicle for progression. My role in planning has been facilitation, guidance and decision making (see attached project plan). 10c. I am continuously building the capacity of the health promotion team in new approaches, for example, systems thinking. I organised introductory training at team meetings on the practical application in everyday work practice (see attached systems thinking document). 10d. I oversee the allocation of team EFT across health promotion plan actions. Principles of effective management I use include coaching, regular supervision, staff capacity building, team building, and change management practices. 10e. I have reflected on my own practice together with the rest of the team in planning a new health promotion plan. This led to documentation of learnings that were then applied during the next planning phase.

Other comments

No other comments



Assessment

Type of work/activity

Health Promotion Practitioner

When completed (year)

20XX-XX

Where completed

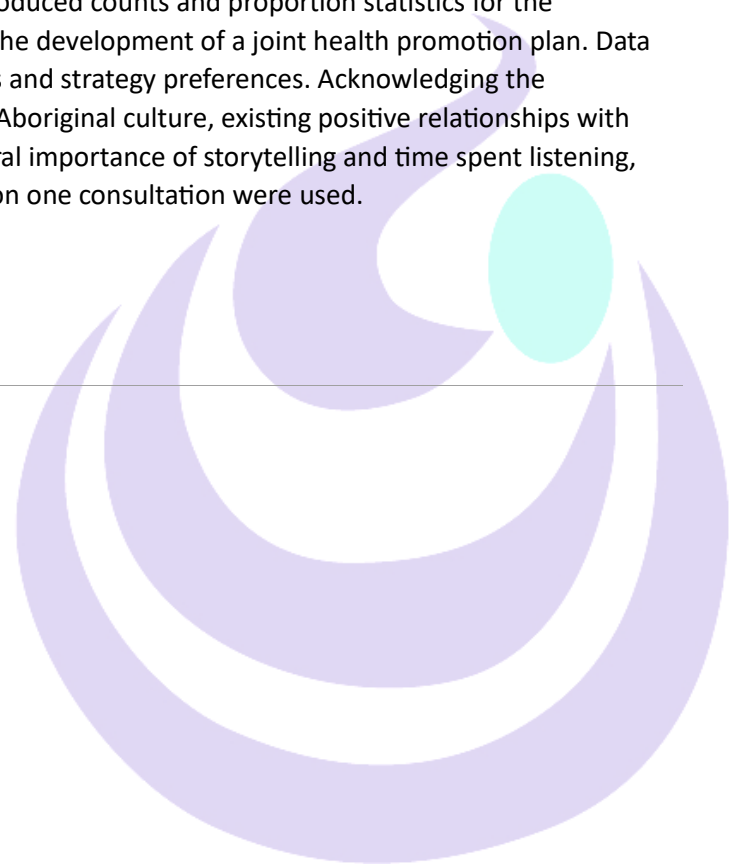
XXX Health Service

Brief description of the action and your role with reference to the performance criteria above

11a. I consulted the Aboriginal community to identify health and wellbeing needs in developing a health promotion plan. Relevant stakeholders were identified through existing relationships with the Aboriginal community and by seeking advice from Aboriginal agencies. Support was gained by leveraging existing relationships. Self-determination was fundamental and advice was sought about culturally appropriate methods. Methods were chosen based on this together with awareness of the importance of relationships and face to face interaction. Both quantitative and qualitative methods were used: qualitative face to face consultation with existing groups and interviews with Aboriginal workers; quantitative surveys of mainstream workers. I collated and analysed the data obtained from the needs assessment with the Aboriginal community. I identified key themes from the qualitative data and produced counts and proportion statistics for the quantitative data. Inferences were used as a basis for the development of a joint health promotion plan. Data collected gave an indication of the key health priorities and strategy preferences. Acknowledging the importance of self-determination and relationships in Aboriginal culture, existing positive relationships with community members were leveraged. Given the cultural importance of storytelling and time spent listening, methods heavily weighted towards face to face / one on one consultation were used.

Other comments

Web page URL provided



Planning

Type of work/activity

12a. & 12b. Health Promotion Team Leader; 12c. Health Promotion Practitioner

When completed (year)

12a. & 12b. 20XX; 12c. 20XX

Where completed

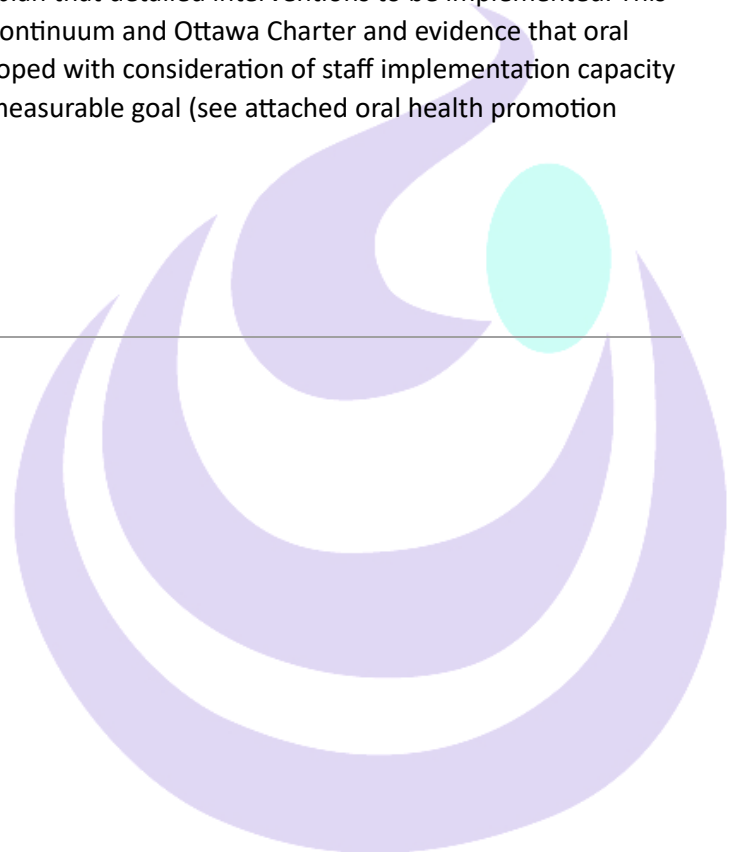
12a. & 12b. XXX Health Service; 12c. XXX Community Organisation

Brief description of the action and your role with reference to the performance criteria above

12a. I am responsible for developing a 4 year health promotion plan. Relevant partners were identified through exploration of the local context. A needs assessment identified a number of settings as a focus for health promotion action through analysis of factors such as potential reach, funding body requirements and previous strategy successes. Consultation is being conducted to identify potential opportunities and engage stakeholders in health promotion action (see attached project plan). 12b. The planning model used to develop a new health promotion plan has encompassed understanding and engaging the community, assessing needs, identifying common goals and places in which to take action. This represents good practice planning, is appropriate for development of a community based action plan and has been successfully applied before (see attached project plan). 12c. I have developed an oral health promotion plan that detailed interventions to be implemented. This was based on consideration of the Health Promotion Continuum and Ottawa Charter and evidence that oral health was a key community issue. The plan was developed with consideration of staff implementation capacity and financial resource availability and incorporated a measurable goal (see attached oral health promotion plan).

Other comments

No other comments



Implementation

Type of work/activity

13a., 13c. & 13d. Health Promotion Practitioner; 13b. Health Promotion Team Leader & Team Leader Health and Wellbeing

When completed (year)

13a. & 13d. 20XX; 13b. 20XX & 20XX; 13c. 20XX to 20XX

Where completed

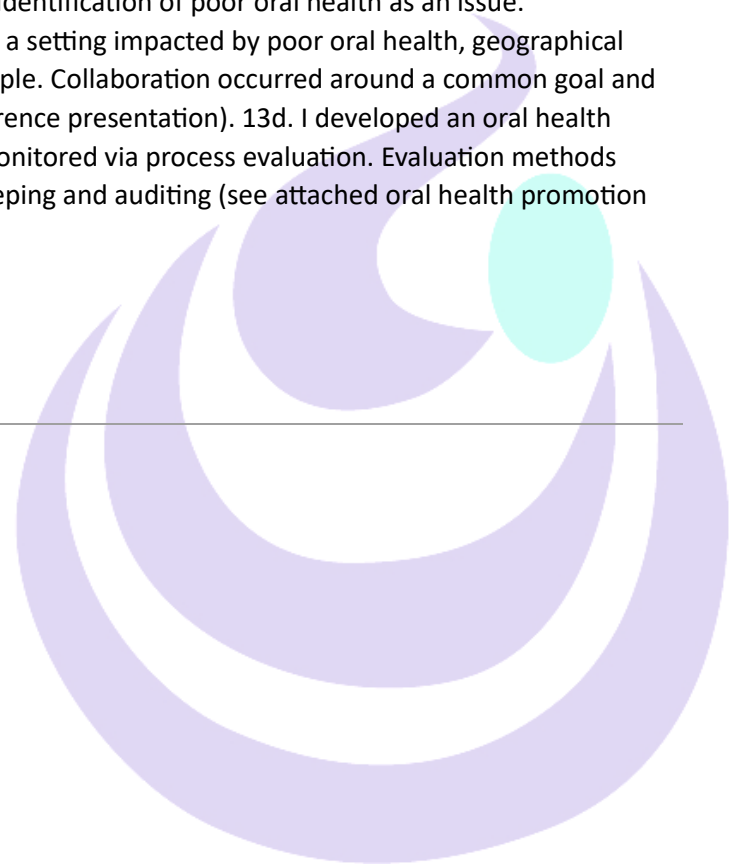
13a., 13c. & 13d. XXX Health Service; 13b. XXX Community Organisation & XXX Council

Brief description of the action and your role with reference to the performance criteria above

13a. I developed environmental sustainability health promotion practice guidelines in collaboration with XXX University and another health service. These guidelines were piloted with a broad range of stakeholders across the state. Feedback was sought on the accuracy of information and usefulness. 13b. At XXX Community Organisation, I am responsible for coordinating a team of health promotion practitioners in implementing a health promotion plan funded by State Government. This involves monitoring and making decisions about staff capacity and allocation. At XXX Council, I was responsible for overseeing three budget streams including health promotion. I undertook monthly budget monitoring and reconciliation to ensure the budget was met. 13c. I led an oral health catchment working group following identification of poor oral health as an issue. Stakeholders included: having a key role in oral health, a setting impacted by poor oral health, geographical investment and those supporting children / young people. Collaboration occurred around a common goal and was sustained through innovation (see attached conference presentation). 13d. I developed an oral health promotion plan. The quality of implementation was monitored via process evaluation. Evaluation methods included review of relevant documentation, record keeping and auditing (see attached oral health promotion plan).

Other comments

Web page URL provided



Evaluation and Research

Type of work/activity

Evaluating primary prevention activities

When completed (year)

20XX-present

Where completed

Three local council areas

Brief description of the action and your role with reference to the performance criteria above

In recognition of my expertise in health promotion and primary prevention I was approached to assist in developing a Regional Strategy for preventing violence against women. The strategy takes a broad systems approach to primary prevention and aims to influence a range of settings to promote gender equity. Grounded in intersectional-thinking and a social model of health, I ensured that activities in the strategy target communities where they already are and seek to establish gender neutral environments that promote gender equality. In addition to supporting the development of the Strategy itself, I also play a pivotal role in its evaluation as a member of the Evaluation Steering Committee. Together we have developed an evaluation framework and various evaluation tools that are being utilised across the range of activities, events and initiatives as part of the strategy's roll-out. Based on my recent experience evaluating community strengthening projects, I provided expert advice on how multi-modal and mixed methods approaches can be adopted and how insights gleaned can be synthesised together in an iterative way to inform ongoing activities as well to measure overall impact at the conclusion.

Other comments

No other comments

Document upload

Evidence documents uploaded listed here

