



Police Veterans Victoria Inc

Application to become VPSO

Thank you for your interest in becoming a VPSO. These roles are critical to the success of our program in supporting veterans and their families.

Please complete the following requests for information, to confirm your interest in becoming a Veteran Peer Support Officer. All information supplied will be treated with strictest confidentiality and will be used only by the Peer Support Co-ordination Team, as part of the selection process for the program.

| | |
|-----------------------------|-------------------|
| Date of Application: | DD/MM/YYYY |
|-----------------------------|-------------------|

| | |
|--|--|
| Name: | |
| Gender: | |
| Age: | |
| Home town/suburb | |
| Mobile | |
| Rank & registered number (upon departure) | |

Please provide us with a brief history of your job / life experience:

(Particularly anything you may have experienced which would make you a good veteran peer):

What attracted you to this role?

Do you have any work experience and/or education/ qualifications that you feel are relevant to the role?

(Please outline)

What personal qualities and characteristics do you possess that would help you be an effective VPSO?

(Please outline)

Would you give us a brief summary of a situation where you found yourself supporting one of your former colleagues:

(Please outline)

Please provide 5 examples on how a person may positively manage their personal stress.

| | |
|-----------|--|
| 1. | |
| 2. | |



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| | |
|----|--|
| 3. | |
| 4. | |
| 5. | |

#Please note answering yes or no to any of the following questions will not necessarily include or exclude you from being a Veteran Peer Support Officer.

Have you experienced any personal traumas in your life that are still significant to you?

(If yes please specify)

Have you been involved in any critical incidents that are still significantly impacting on you?

(If yes please specify)

Do you have any psychological conditions that may be adversely affected by performing veteran peer support duties?

(If yes please specify)

As a VPSO you will be required to attend one group Peer Supervision / Training session each year. Do you agree to comply with this?

(Yes / No)

SCENARIO:

Please choose any ONE of the below three scenario's, identify what are some of the issues that may be present in that particular situation and how you might assist the veteran concerned.

(Please check the box next to the scenario you have chosen.)

Scenario 1:

When you meet with a veteran for the first time you can smell alcohol on their breath, and they appear unsteady on their feet. During the course of the conversation they confide in you that they have a drinking problem which has led to increased levels of stress at home. They ask you for advice and are obviously looking for support to try and source help.

Scenario 2:

A veteran tells you that they have been teary and irritable, and just doesn't feel like their normal self. They have no family and tend to isolate from the local community.

Scenario 3:

A veteran asks you to meet them at their house to discuss their concerns.



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APPENDIX A

CONSENT TO SHARE INFORMATION FORM

I,

(Print your name and include your registered number)

provide consent for the PVSV Program Co-ordinator to consult with the Victoria Police Peer Team for the sole purpose of assessing my current stability for the Veteran Peer Program

I have been informed and understand how this information will be used, and that this information will not be passed on to other third parties except as mentioned above, consent information form.

Signature

(Please sign)

Date: DD/MM/YYYY

(Date consent completed)