

Co-Delivery Instructor Details



This form is to be completed by instructors co-delivering Mental Health First Aid (MHFA) courses with Mindshift 4 Life. It ensures clarity around roles, logistics, and payment.

Instructor Details

Name: _____

MHFA Accreditation Type: _____

Accreditation Expiry Date: _____

ABN (if applicable): _____

Bank Details for Payment:

• Account Name: _____

• BSB: _____

• Account Number: _____

Course Details

Course Type: Standard Youth Other: _____

Delivery Mode: Face-to-Face Blended Online

Course Dates: _____

Location / Platform: _____

Expected Number of Participants: _____

Facilitation Split: Equal Lead / Support

Materials Provided By: Mindshift 4 Life Instructor

Agreement

I agree to:

- Deliver MHFA content in accordance with MHFA Australia guidelines
- Maintain a trauma-informed, culturally safe learning environment
- Communicate respectfully and professionally
- Submit required documentation for payment
- Notify Mindshift 4 Life of any changes to availability or accreditation

Name and Signature: _____

Date: _____

Mindshift 4 Life

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ABN: 57 487 527 752