

# 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: \_\_\_\_\_