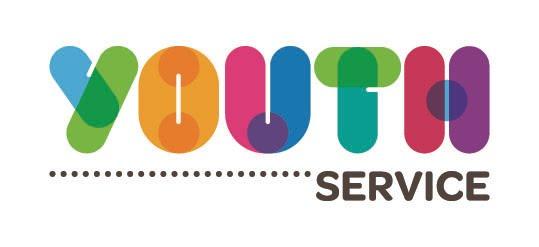
**Youth Service Enrolment Form**

*Here to help and support you in your Education, Employment & Training Goals*

**PERSONAL DETAILS**

Legal First Name/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Legal Surname/s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name/Other names known by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth DD/MM/Year Gender M / F

Ethnicity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Iwi/Hapu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Ph. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family/Whanau/Support contact person:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT PERMISSION**

Do you give permission for us to contact you via:

Text ☐ Phone call ☐ Video Call ☐ Facebook ☐ Email ☐

Mob Network provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When is the best time to contact you?

Morning ☐ Afternoon ☐ Evening ☐ Anytime ☐

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EDUCATION:**

1. I have attended a Secondary School in NZ No ☐ Yes ☐

2. I have had interventions at school e.g. suspension, truancy etc. No ☐ Yes ☐

*If yes*:

Type of intervention/s and number of times\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. I have had to leave a Secondary School No ☐ Yes ☐

*If yes*:

- Age when left school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- Date left school DD/MM/Year

- Reason for leaving and why \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- Have you attended any further education since then No ☐ Yes ☐

4. I am currently in Full Time Education or Training No ☐ Yes ☐

*If yes*:

Education Providers Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. How interested are you in gaining further education/qualifications

Not Interested ☐ Possibly Interested ☐ Very Interested ☐

If ‘Not Interested’ please explain why\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. The qualification I am currently working towards is:

None ☐ NCEA L1 ☐ L2 ☐ L3 ☐ Other Qualification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. The qualifications I have gained are:

None ☐ NCEA L1 ☐ L2 ☐ L3 ☐ Other Qualifications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Qualifications with Merit or Excellence? None ☐ NCEA L1 ☐ L2 ☐ L3 ☐  
**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMPLOYMENT:**

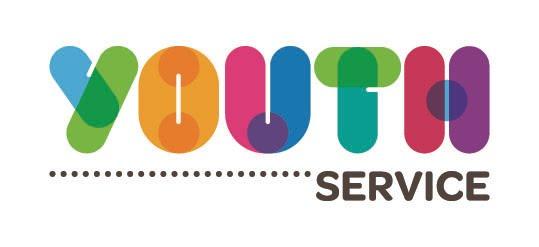
*I am currently in:*

1. Full Time Work No ☐ Yes ☐ Employers Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Part Time Work No ☐ Yes ☐ Employers Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. None of the above ☐

**THINGS FOR MY YOUTH SERVICE COACH TO BE AWARE OF**

**So we can support you in the best possible way, please tick anything below that is relevant to you**:

I would like help with getting into further education or training No ☐ Yes ☐ detail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like help with gaining a driver’s license: Learners ☐ Restricted ☐ Full ☐

I would like help with gaining part/full time employment No ☐ Yes ☐ detail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to help with gaining work experience No ☐ Yes ☐ detail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like help with creating a C.V No ☐ Yes ☐

I would like help with improving my self-esteem No ☐ Yes ☐ detail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like help with improving my relationship with my family ☐ teachers ☐ peers ☐ others ☐ detail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have always lived in this area Yes ☐ No ☐ detail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I live in an isolated area which restricts my education options - No ☐ Yes ☐ detail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I struggle with education/employment due to a learning disorder - No ☐ Yes ☐

detail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I currently live with Parent/s ☐ Caregiver ☐ Partner ☐ Friend ☐ Other ☐ detail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have a health condition (physical or mental) - No ☐ Yes ☐ detail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I regularly use substances e.g. drugs/alcohol etc. - No ☐ Yes ☐ detail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have had involvement with CYFS - No ☐ Yes ☐

I have had involvement with Police/Youth Justice - No ☐ Yes ☐ detail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Youth Service Consent**

I understand that the information that I provide to CYC Trust (Coast Youth Community Trust) is being provided voluntarily and for the purposes of providing me with the Youth Service. My information will be held by CYC Trust and I understand that under the Privacy Act 1993 I have the right to access and correct any information that CYC Trust may hold about me. Any information held by CYC Trust will be provided to the Ministry of Social Development.

I agree that CYC Trust may contact schools, local agencies, organizations or the Ministry of Social Development on my behalf for the purposes of providing me with the Youth Services and that those same schools/agencies/organisations may provide any information that they hold for that same purpose. I understand that I may be contacted by a researcher inviting me to take part in an evaluation of the Youth Service, and that if I am contacted I have the right to choose whether or not I participate in the evaluation.

I can expect to be treated with due respect, dignity and confidentiality by the providers/ agencies during the time of my involvement.

I understand I can withdraw from the Youth Service at any stage and that I have the right to complain to the Privacy Commissioner if I am concerned about how my personal information is being used or protected by CYC Trust.

I also understand that CYC Trust will contact me via text or call once three months after my eighteenth birthday.

Privacy Act Statement:

There may be something that you share with your youth coach that you would like to remain confidential, however in some circumstances other people may need to be involved to ensure your safety, or the safety of others or the community. In such cases your youth coach will attempt to inform you about this prior to such information being shared.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_