

Welcome to Youth Service West!

We are a **FREE** service to engage and support young people aged *15 - 17 years to achieve sustained education / training / work-based learning or employment outcomes. *15 years with Early school leaving exemption

We can help you explore your options, and help make it happen.



Registration Form (please answer all questions clearly)

Full Name _____

Date of Birth _____ Gender _____ Email _____

Ethnicity _____ Iwi/Hapu _____

Address _____

Home Phone _____ Mobile _____

NSN Number _____ NCEA Levels Achieved _____

Education / Training / Employment

Last Secondary School _____

Current Secondary School _____

Alternative Education School Name _____

Not In School Age when you left school _____ Did you leave before the end of school year Y / N

Why did you leave school _____

In Training (Name of provider) _____

In Work (Name of Employer and job title) _____

Other (Please state) _____

Other Agency Involvement

Have you been involved with Police/Youth Justice (circle) Y / N Details _____

Have you been involved with CYFS (circle) Y / N Details _____

Are your parents/caregivers receiving support from Work and Income (circle) **Currently / In the past / Not applicable**

Referral Source (How did you hear about our Service)? _____

Consent Form – Youth Service

- I understand that the information that I provide to Youth Horizons Youth Service is being provided voluntarily and for the purposes of providing me with the Youth Service. My information will be held by Youth Horizons Youth Service and I understand that under the Privacy Act 1993 I have the right to access and correct any information that Youth Horizons Youth Service may hold about me.
- Any information held by Youth Horizons Youth Service will be provided to the Ministry of Social Development.
- I agree that Youth Horizons Youth Service may contact schools, local agencies, organisations or the Ministry of Social Development on my behalf for the purpose of providing me with the Youth Service, 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 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 with Youth Horizons Youth Service.
- I understand I can withdraw from the Youth Service at any stage by notifying Youth Horizons Youth Service, and that I have a right to complain to the Privacy Commissioner if I am concerned about how my personal information is being used or protected by Youth Horizons Youth Service.

Signature _____ Date _____