# MYD logo (colour)Prime Minister Youth Programme 2017 Referral form

The Prime Minister’s Youth Programme (PMYP) is for young people aged 14 – 17 years old who have faced challenges in their lives and are now positively moving forward, or who are showing the potential to do so.  Nominated young people participate in the week-long programme, where they experience a mix of exciting and challenging activities and engage with high achieving New Zealanders.

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| Prime Minister’s Youth Programme 2017 Referral Form |
| People working with young people may nominate them to be considered for PMYP 2017. **Nominations close 5pm Wednesday 26 October 2016.** Following 26 October, a panel will consider all nominations received.  **The programme is designed to:**   * celebrate the young person’s achievement(s) as they positively move forward with their lives * encourage and inspire them to continue to make gains towards a positive future * give them the skills to continue to make positive steps * provide them with the opportunity to build relationships with their peers and connect them to organisations and mentors in their community.   **Participants must:**   * be aged between 14 – 17 (inclusive) as of 26 October 2016 * be living, working or attending school in Central, South, or West Auckland * be able to participate in the programme for the week of **23 January – 27 January 2017** * **not** be a previous PMYP participant.   **The ideal candidate would be a young person who:**   * has faced challenges in their life and is now moving forward, or is showing the potential to do so * has made positive steps (for example, moved away from low-level offending, truancy or made improvements in their academic performance) over a sustained period of time * will benefit from participating in the programme. |
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| Please complete this form with the information you know about the young person you are referring.  Once completed return this form by **5pm Wednesday 26 October 2016** to:  **Email:** [pmyp@myd.govt.nz](mailto:pmyp@myd.govt.nz)  **Phone:** 0508 367 693  **Important Information**   * A selection panel will assess all nominations received. * This form is a nomination and does not mean that the young person will be selected for the programme. * The selection panel generally includes Ministry of Social Development and Ministry of Youth Development (MYD) representatives and a member of the local branch of the New Zealand Police. * MYD may consider information held by any of the members of the selection panel for the purpose of making the final decision regarding selection and to best ensure that the outcome of the selection process will not damage the safety and reputation of the young people, organisations and the Ministry. |
| ***Privacy Statement:*** *The Ministry of Youth Development (MYD) recognises that any personal information provided on this form is very important. MYD is collecting this information to consider the nomination and to help with its responsibility to take all reasonable steps to ensure the safety of the young people attending the Prime Minister’s Youth Programme 2017. You have the right to access this information at any time, and to amend the information in this form. To gain access to this information, email* [*pmyp@myd.govt.nz*](mailto:pmyp@myd.govt.nz)*. The personal information collected on this form will be held in a secure location by MYD. Our physical address is The Aurora Centre, 56-66 The Terrace, Wellington 6011.* |

# YOUNG PERSON’S DETAILS: to be completed by the referrer.

Please fill out this section to the best of your knowledge

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| --- | --- | --- | --- | --- | --- | --- |
| First Name: |  | Click here to enter text. | | | | |
| Middle Name: |  | Click here to enter text. | | | | |
| Last Name: |  | Click here to enter text. | | | | |
| Known as / Preferred name: |  | Click here to enter text. | | | | |
|  |  |  | | |  |
| Date of Birth: |  | Click here to enter text. | Gender: | Male  Female  Gender Diverse | | |

Ethnicity (if known): New Zealand European Maori  Samoan Cook Island Maori

Tongan Niuean Chinese Indian

Other please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Address: |  | Click here to enter text. | | | | |
|  |  |  | | | | |
| Contact phone number(s): |  | Click here to enter text. | | E-mail: | Click here to enter text. | |
|  | | | | | | |
| Parent, Caregiver or Guardian name: |  | Click here to enter text. | | | | |
|  |  |  | | | | |
| Contact phone number(s): |  | Click here to enter text. | | E-mail: | Click here to enter text. | |
|  | | | | | | |
| Young person’s school, educational facility or organisation: | | |  | | Click here to enter text. | |
|  | | |  | |  | |
| If the young person has previously offended, do you consider that this young person is at risk of offending / reoffending? | | |  | | Yes | No |

The young person is available to attend the Prime Ministers Youth Programme in Auckland 23-27 January 2017

# YOUNG PERSON’S STORY: to be completed by the referrer.

**Please describe the challenges that this young person has faced and the positive steps they have made or how they show the potential to do so (100-150 words):**

Click here to enter text.

**This young person is moving forward and has made positive steps from the challenges they have faced in their life**

(for example, moved away from low-level offending, truancy, made improvements in their academic performance or overcome adversity)

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| 1  *Disagree* | 2 | 3 | 4 | 5  *Neutral* | 6 | 7 | 8 | 9 | 10  *Agree* |

**This young person will benefit from participating in the programme and this will be sustained over the long term.**

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| 1  *Disagree* | 2 | 3 | 4 | 5  *Neutral* | 6 | 7 | 8 | 9 | 10  *Agree* |

**Describe how this young person will benefit from participating in the programme and how these benefits will help them take their achievements to the next level (50-100 words):**

Click here to enter text.

**What interests / skills or career aspirations does the young person have?**   
This information may help to determine the allocation of participants into provider programmesClick here to enter text.

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**Referrer Details: To be completed by the person making the nomination.**

# REFERRER’S DETAILS

# YOUNG PERSON’S STORY: to be completed by the referrer.

### Your contact details are collected to help us and the programme providers to support the young person. Please ensure you have provided your daytime contact details. Alternative contact details may be used to assist with communication with the young person during the holiday period.

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| --- | --- | --- | --- | --- | --- | --- |
| Your name: |  | Click here to enter text. | | | | |
|  |  |  | | | | |
| Position: |  | Click here to enter text. | | | Your Organisation: | Click here to enter text. |
|  |  |  | | | | |
| Address: |  | Click here to enter text. | | | | |
|  |  |  | | | | |
| Contact phone number(s):  Alternative contact details (during school holidays) |  | Click here to enter text. | | | E-mail: | Click here to enter text. |
| Click here to enter text. | | | Click here to enter text. |
|  | | | | | | |
| Your relationship to the young person: | | |  | Click here to enter text. | | |

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| Are you / your organisation able to support the young person nominated before, during and after the programme. If yes, please describe how you will do this:  : |  | Click here to enter text. |

**I can volunteer:**

To transport this young person during the week (mornings or evenings) Yes  No

To volunteer during the week as support for the PMYP Providers Yes  No

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| I have the following skills/connections that may assist the programme, i.e. celebrity connections |

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| Click here to enter text. |

**The information I have provided in this referral form is true and accurate to the best of my knowledge.**

**Signed** Click here to enter text. **Date** Click here to enter text.



# To be completed by the young person who is being nominated

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| The Prime Minister’s Youth Programme (PMYP) 2017 is for young people who have faced challenges in their lives, and are now positively moving forward, or who show the potential to do so.  PMYP celebrates and recognises the positive steps that the young person has made. During the week-long programme, PMYP 2017 participants will participate in a mix of fun and challenging activities and meet and learn from high-achieving New Zealanders.  You have been asked to complete this form because someone wants to nominate you for this opportunity! There are a limited number of places available and a selection panel will consider all nominations we receive, so ask someone to help you tell your story. This is your chance to let us know how being selected for PMYP 2017 will help you in your future. |
|  |
| **Tell us about you. What challenges have you faced in your life? (for example, family issues, school life, getting in trouble) (50-100 words)**  Click here to enter text. |

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| **What’s changed? Please describe the positive steps you have made to address these challenges in your life? (for example, how have you improved your school performance, family life or made positive choices staying out of trouble?) (50-100 words)**  Click here to enter text. |

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| **How will attending PMYP 2016 benefit you and help you take your achievements to the next level? (50-100 words)**  Click here to enter text. |

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| **What interests you?**  **What career aspirations do you have?**  Click here to enter text. |

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