

|  |
| --- |
| Prime Minister’s Youth Programme 2016 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.**  People working with young people may nominate them to be considered for PMYP 2016. **Nominations close 5pm Friday 16 October 2015.** Following 16 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 16 October 2015 * be living, working or attending school in Central, South, or West Auckland * be able to participate in the programme for the week of 18 January – 22 January 2016 * **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. |
|  |
| Please complete this form with the information you know about the young person you are referring.  Once completed return this form by **5pm Friday 16 October 2015** 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 2015. 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 Bowen State Building, Bowen Street, Wellington 6011.* |

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

Please fill out this section to the best of your knowledge

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Name: |  |  | | | | |
| Middle Name: |  |  | | | | |
| Last Name: |  |  | | | | |
| Known as / Preferred name: |  |  | | | | |
|  |  |  | | |  |
| Date of Birth: |  |  | Gender: | Male  Female  Gender Diverse | | |

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

Tongan  Niuean  Chinese  Indian

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

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

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

**Please describe the challenges that this young person has faced (50-100 words):**

**This young person is moving forward from the challenges they have faced in their life**

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

**This young person has made positive steps in their lives**   
(for example, moved away from low-level offending, truancy, made improvements in their academic performance or overcome adversity)

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

**Describe how this young person has made positive steps, or how they show the potential to do so: (50-100 words)**

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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):**

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

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

# REFERRER’S DETAILS

### 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.

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

|  |  |  |
| --- | --- | --- |
| 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:  : |  |  |

**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

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

|  |
| --- |
|  |

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

**Signed**

**Date**



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

|  |
| --- |
| The Prime Minister’s Youth Programme (PMYP) 2016 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 2016 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. This is your chance to tell us your story and let us know how being selected for PMYP 2016 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)** |

|  |
| --- |
| **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)** |

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

|  |
| --- |
| **What interests you?**  **What career aspirations do you have?** |

***Privacy Statement:*** *The Ministry of Youth Development recognises that any personal information provided on this form is very important to you. The Ministry of Youth Development is collecting this information to consider your 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 2016. 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 the Ministry of Youth Development. Our physical address is Bowen State Building, Bowen Street, Wellington 6011*