**Self-Referral Form – Elevate Programme**

He Poutama Rangatahi - Youth Employment Pathways

 **Young Person’s Details:**

|  |  |
| --- | --- |
| Legal Name: | Preferred Name: |
| Date of Birth: | Ethnicity: |
| Iwi: |
| Gender (please circle) Male Female Gender Diverse Prefer not to say |
| Phone | Email |
| Preferred Method of contract? Text Email Phone Other |
| Address |
| Any Driver’s Licences held (please circle) None Learners Restricted Full Other |
|  Does the young person give permission for this referral to be made? Yes No |

**Parent/Caregiver Details:**

 if the Young Person is under 18 and living with their parent(s)/caregiver(s)

|  |
| --- |
| Parent/Caregiver’s Name(s) |
| Relationship(s) to Young Person |
| Parent/Caregiver Phone Number(s) |

 **Education/Employment Details:**

|  |  |
| --- | --- |
| Are you currently enrolled in school/training? Yes No | Are you currently working?Yes No |
| School Year Level (now or when left school) | If yes, where are you working and how many hours?  |
| School attending or training provider (or most recently attended) | If not working now, have you worked previously? If yes, where?  |
| Do you have any NCEA credits? If yes, do you know how many?  |

**Support Required:**

Provide information regarding the initial supports that might be required, including immediate support or goals the young person has.

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|  |
| Indicate the areas below that may need support: |
| Identity, Self-esteem, and Belonging | Safety, Security and Stability including housing. | Whānau and Social Connections | Emotional & Mental Wellbeing | Physical Health, and Lifestyle Choices | Money Management | Education, Training and Employment (ETE) |

 **Other Supports in Place:**

Details of other agencies/supports currently working with the young person and their family/whanau (you may also list any schools/training providers that we are happy for us to contact). It should be noted on the consent form which these people/organisations the Navigator has permission to share information with.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Worker | Organisation | Contact Phone Number or email | Consent to Contact | Support Being Provided |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

I give permission for this referral to be made.

Rangatahi’s Name:

Signature: Date:

Parent/Caregiver’s Name:

Signature: Date:

 (If Young Person is under 18 and living with a parent/caregiver))