**Not in Education, Employment or Training (NEET) service**

**Participation and information consent** **form**

The NEET service is for young people not in school, work or training. We will get to know you, your situation and your needs. We will offer help to get you on track for learning or work, and help you reach your goals.

We will respect you, and what is important to you.

If you don’t want to be a part of Youth Service anymore, you just need to let us know.

**Collecting your information**

We, Provider name, collect your information so that we can contact you, confirm who you are, and work out how we can help you. We get most of this information from you.

We also collect your information from other people and organisations – like your schools and relevant education providers, Oranga Tamariki, and MSD. They may ask for you to confirm that you are okay for this to be shared with us.

You can choose not to give us your personal information, but we might not be able to help you.

**Sharing your information**

The Ministry of Social Development (MSD) will have access to the information we have about you.

Unless there are immediate safety concerns or it is required by law, you will be asked for permission before we share your information with anyone else.

Someone may contact you to ask you how you've found working with Youth Service. You can decide if you want to answer their questions or not.

Under the Privacy Act 2020, you have the right to access and correct any information that we hold. If you have any concerns about how your information is being used or handled, you have the right to complain to the Privacy Commissioner.

**Personal details**

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| Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of birth: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ |
| Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Tribe(s) or iwi:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**By signing this you agree that you have understood and agree to the information in this form.**

Signature Date