

about me

name:

address:



phone:

email:

I have (tick) completed a budgeting course

I am (tick) enrolled with a doctor (who is your doctor?)

enrolled with a dentist (who is your dentist?)

(tick) my dental checks are up to date



what I've achieved so far



my reminders

I need (tick) a drivers licence (what type? driving status? add below)

(e.g. learners, restricted, full, not allowed to drive, I would like a licence)

identification, e.g. birth certificate

an ird number a bank account

what I want to do next



my career

I am (tick) still at school, year

studying at correspondence school

(provide details)

in tertiary/training

(provide details)

in work-based learning

(provide details)

looking for/in work

(provide details)



NOTES

my personal goals 

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my barriers 

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my solutions 

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things I need to do 

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by date

Date input field.

Light blue box for writing tasks.

by date

Date input field.

Light blue box for writing tasks.

by date

Date input field.

things my youth coach needs to do 

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by date

Date input field.

Light blue box for writing tasks for youth coach.

by date

Date input field.

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by date

Date input field.

Light blue box for writing tasks for youth coach.



**SIGN
HERE**



Signature line for young person.

young person

Date line for young person.

date

Signature line for youth coach.

youth coach

Date line for youth coach.

date