# Employment Service in Schools referral form



The Ministry of Social Development and the Ministry of Education have been piloting Employment Service in Schools to help disabled secondary school aged students, including those with health conditions, to prepare for employment when they leave school.

There are three sections in this form:

Part 1: Student's enrolment to be completed by the student.

Part 2: Parent/caregiver, whānau or aiga consent to be completed by or on behalf of the parent/ caregiver, whānau or aiga.

**Part 3: School endorsement** to be completed by an authorised person at the school, for example a teacher or administrator.

**Please note:** By being part of this programme, some information will be shared between the Ministry of Social Development and Ministry of Education to evaluate the success of the service.

Please send the completed form to the chosen Employment Service in Schools provider. Providers can be found at **workandincome.govt.nz/esis** 

## Part 1: Student's enrolment

Tell us 1 about you	What is your full name? First and middle names Surname or family name
2	What date were you born?          Day       Month       Year         Are you:
INFORMATION FOR Q4:     We collect this	Male     Female     Gender diverse       Tick the group(s) you most identify with.
information for statistics we use in research and future development work.	Māori Which tribe(s) or iwi?   New Zealand Niuean   European Niuean   Other European Tokelauan   Tongan Chinese   Cook Island Māori Other   Please write below Don't want to answer
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we can	Flat/House number Street name									
contact you										
·	Suburb To	wn/City								
<b>HOW TO ANSWER Q5:</b> If you live in a rural										
area, flat/house number could include your RAPID number, fire	How can we contact you?	Tick the best way fo us to first contact yo								
number, emergency	Home phone ( )									
services number.	Mobile phone ( )									
<b>IOW TO ANSWER Q6:</b> Please only give us	Other phone ( )									
contact details you'd like us to use.	Email									
Tell us about <b>7</b> your schooling	What is the name of your school?									
8	Which region is your school in?									
9	What is your National Student Number?									
10	What is your expected school leaving date?									
	Day Month Year									
NFORMATION FOR Q11:										
For example New Zealand Sign	What is the first language you use at scho	ool?								
Language, Te Reo Māori, English.										
	What is your disability or health conditio	n?								
your disability										
your disability or health										
your disability or health										
your disability or health	Is your disability or health condition likel	y to last longer than six months?								
your disability or health condition	Is your disability or health condition likel	y to last longer than six months?								
your disability or health condition		y to last longer than six months?								
your disability or health condition 13	No Yes	y to last longer than six months?								
your disability or health condition 13 Student's declara		·								

If you've helped the student fill in this form, please complete the Helper's Statement on page 5.

## Part 2: Parent/caregiver, whānau or aiga consent

This section is to be completed by or on behalf of the student's parent/caregiver, whānau or aiga representative.

Tell us 14	What is your full name?	
about you	First and middle names	
*		
	Surname or family name	)
	·	
		)
15	What is your relationship to the student?	
		]
Tell us how 16	Where do you live?	
we can	I live at the same address as the student Go to question 17	
contact you		
HOW TO ANSWER Q16:	Flat/House number Street name	
HOW TO ANSWER Q16: If you live in a rural		)
area, flat/house number	Suburb Town/City	
could include your RAPID number, fire		]
number emergency		Tielethe heads we fair
services number.	How can we contact you?	Tick the best way for us to first contact you
() HOW TO ANSWER Q17:	Home phone ( )	,
Please only give us	Mobile phone ( )	
contact details you'd like us to use.		
	Email	

## Parent/caregiver's, whānau or aiga declaration and signature

I give my consent for the above student to be part of the Employment Service In Schools.

I understand what you do with my personal information and how you protect my privacy.

Name (print)

Signature		

Day Month Year

#### Or

The student's parent/caregiver, whānau or aiga representative has given their verbal consent for the student to be part of the Employment Service In Schools.

School contact person's name (print)	School contact person's signature	Day	Month	Year
				)

If you've helped the parent/caregiver, whānau or aiga representative fill in this form, please complete the Helper's Statement on page 5.

# Part 3: School endorsement

This section is to be completed by an authorised person at the school, for example a teacher or administrator.

Tell us about the student       18         19	How might the student's disability or health condition impact the Employment Service in School's delivery and the student's ability to gain future employment?
School 20 contact person	Is the contact person the same as the person authorised by the school to endorse the student's placement in the Employment Service in Schools?         No       Go to question 21         Yes       Go to School's declaration and signature
<ul> <li>INFORMATION FOR Q21: [21]</li> <li>For example this could be a teacher aide or Special Education Needs Coordinator (SENCO).</li> <li>22</li> </ul>	Who is the school's contact person for this student?   First name   Surname or family name   What is the contact person's position at the school?   Mhat is the contact person's position at the school?   How can we contact this person?   Phone   ()   Mobile phone   ()   Email

## School's declaration and signature

I have authority to refer the student to the Employment Service in Schools.

First name						Surnameor	family na	ame			
Position											
Phone	(	)	 							 	
Mobile phone	(	)									
Email											
Authorised person's sig	gnature			Day M	lonth	Year					

#### Helper's statement

Complete this if you've helped anyone to complete this application form.

Your first name					)	′our surn	ame or	familyı	name				
Phone	(	)											
Mobile phone	(	)											
Email													
Tick the box for	the sta	tement	that ap	plies									
I completed were signing person appl	. The st												
I completed of the stude completed	nt. The	y told me	they un	nderstoc	od what t	hey we	ere sigr	ning. T	he sta	teme	nts an	•	
Helper's signature				Day	Month	Yea	r						

# How we protect your privacy



## **Collecting your information**

We collect your personal information, so we can provide income support, NZ Super or Veteran's Pension, Student Allowance, or Loans and connect you with employment, education and housing services. We do this under various Acts, which are all listed on our website at workandincome.govt.nz/privacy

- To help us do this, we collect information about your identity, your relevant history, and your eligibility for our services.
- We get this information directly from you, and we sometimes collect information about you from others, including other government agencies.
- You can choose not to give us your personal information, but we might not be able to help you if you don't.

### Using your information

We use the information you give us to make decisions about the best way to help you.

- These decisions may be about:
  - whether you're eligible for our services
  - running our operations and ensuring our services are effective
  - the services we'll provide in the future.

#### Sharing your information

# Sometimes, we need to share your information outside our Ministry to reach our goal of helping New Zealanders to be safe, strong, and independent.

- To do this, we may share your information with:
  - prospective employers to help you find work
  - contracted service providers that help us to help you
  - health providers if we need your medical information to assess your eligibility
  - other government agencies when we have an agreement with them
  - some other governments if you may be eligible to get or are getting an overseas pension.
- We also share personal information when the law says we have to.

#### Respecting you and your information

#### We make sure we follow the Privacy Act to do what's right when we use your information.

- We treat you and your information with respect, by acting responsibly and being ethical.
- We make sure any technology we use meets strict security standards so it keeps your information safe.

#### Get in touch if you have a question

#### You have a right to ask to see your personal information, and to ask for it to be corrected if it's wrong.

- If you have a question or a complaint, please get in touch.
- You can find full details about what we do with personal information in our privacy notice at: **workandincome.govt.nz/privacy**