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| C:\Users\pmcew001\Objective\objective.ssi.govt.nz-8000-pmcew001\Objects\MYD logos\Ministry of Social Development\Myd Landscape With Paua_15257.jpg**YOUTH IN EMERGENCY SERVICES  2016/2017 APPLICATION FORM**  Please note: when completing this form please use ‘tab’ or the ‘arrow keys’ to go to the next question or click on the next question to continue | | | | | |
| **Section one: Questions about your organisation** | | | | | |
| 1. | What is the legal name of your organisation? | | | | |
| 2. | Please provide your organisation’s registration  number (as per the Companies office): | | | | |
| 3. | Has the organisation above received funding from the Ministry of Social Development (MSD), including the Ministry of Youth Development (MYD), before?  If yes, please provide the organisation’s MSD Provider ID (if known):  Please provide the organisation’s GST number (if known): | | | | |
| 4. | Please provide details of someone we can contact if we require more information. This person will also receive **all** communications from MYD | | | | |
|  | Name: |  | | | |
|  | Position: |  | | | |
|  | Contact phone number: |  | | Cell phone number: | |
|  | Email: |  | | | |
|  | Street address: | , Town:      , City:       Postcode: | | | |
|  | Postal address (if different from above): | , Town:      , City:       Postcode: | | | |
| 5. | Please provide the contact details for the Regional Civil Defence and Emergency Management (RCDEM) Group who supports this application | | | | |
|  | Name: |  | | | |
|  | Position: |  | Region: | |  |
|  | Contact phone number: |  | | Cell phone number: | |
|  | Email: |  | | | |

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| 6. | Please list at least three Volunteer Emergency Services and names of the lead personnel from these services who will be involved in the design and/or delivery of the proposed Youth In Emergency Services programme  (Note: we may contact them for more information if needed). | | | |
| **Volunteer Emergency Service** | |  |  |
| Contact Name: | |  |  |
| Contact phone number: | |  |  |
| **Volunteer Emergency Service** | |  |  |
| Contact Name: | |  |  |
| Contact phone number: | |  |  |
| **Volunteer Emergency Service** | |  |  |
| Contact Name: | |  |  |
| Contact phone number: | |  |  |
| 7. |  | Which organisations have you identified that can make referrals to your Youth in Emergency Services programme? | | |

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| **Section two: Questions about your proposed Youth in Emergency Services programme** | | |
| 1. |  | Tell us about your proposed programme, including details of the Orientation Programme and Volunteering Opportunity components (limit to 300 words) |
| 2. |  | What are the proposed delivery dates for your proposed Orientation Programme?  Orientation Programme will run from       to  What are the proposed delivery dates for your proposed Volunteering Opportunity?  Volunteering Opportunity component will run from       to  The proposed date for the graduation is: |
| 3. |  | What skills and knowledge will young people learn?   How will young people be involved in decision-making and leadership opportunities?  *For example, the skills the young people gain from attending training sessions with the Volunteer Emergency Services (limit to 300 words).* |
| 4. |  | What is the name of the city or town your programme will run in? |

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| **Section three: Declaration** | |
| **Organisation** | |
| **Declaration:**  I have delegation to sign on behalf of my organisation and agree for the funds to be placed in our account. These funds will be used for the **Youth in Emergency Services** programme as outlined in this application. | |
| **Organisation:** |  |
| **Name:** |  |
| **Position:** |  |
| **Date:** |  |
| **Volunteer Emergency Service** | |
| **Declaration:**  I declare that:   * the information in this application is accurate to the best of my knowledge * I give my permission to be contacted for further details if required | |
| **Name:** |  |
| **Volunteer Emergency Service:** |  |
| **Position:** |  |
| **Phone Number:** |  |
| **Email:** |  |
| **Date:** |  |