



EVALUATION PROJECT 2009-2012

The DFNZ is committed to on-going independent evaluation of the DARE community programmes: DARE to be You and DARE to Move On. In this regard, the DFNZ requests parent consent for programme participants to complete a questionnaire. All information collated from the questionnaire is for the purposes of the independent evaluation to ensure the programmes are effective in meeting their aims and objectives.

CONSENT FORM FOR PARENT/CAREGIVER

I give consent for my child/tamaiti to take part in this project.

- I understand that my child's answers to the questions will be kept private and used only for the sole purpose of this evaluation project. My child's answers will be grouped with other young people's answers.
The questionnaires will be identified by password only and questionnaire information will be kept in a locked office. This will protect the identity and confidentiality of all participants in this project.
Although all information given to us is confidential, if we have reason to believe that anyone is at risk of immediate harm we will need to talk to you or someone else about it.
I understand that I may withdraw my child from the project at any time I choose to do so.
If I have any questions I can contact Adela Jones or Gabrielle Carroll at the DARE Foundation on 04 238 3021 or 04 238 3020.

Young Persons Name (first name and last name) _____

Date of Birth _____

Parent/Caregiver's Name _____

Parent/Caregiver's Signature _____

Date _____

Given this evaluation project requires following up with participants up to 2012, we realise that a number of life changes can occur over that time, whether moving to a new location, starting a new school/kura etc.

This sheet asks you to provide us with reliable and stable ways for keeping in touch with you and your family/whanau over the time of the project. Please provide us with details that you think will help us to stay in contact.

FAMILY CONTACT:

(1) Parent / Caregiver

Name _____

Relationship to participant _____

Address _____

Home Phone _____ work phone _____

Cell phone _____ email _____

(2) Parent / Caregiver

Name _____

Relationship to participant _____

Address _____

Home Phone _____ work phone _____

Cell phone _____ email _____

(3) Alternative Contact Person (other family member or friend)

Name _____

Relationship to participant _____

Address _____

Home Phone _____ work phone _____

Cell phone _____ email _____
