



Name Organisation	Type of Association	Year joined
Contact Details Who is your contact person? What is their designation? PO Box / Street Address: Suburb: Postcode: Direct Phone: Mobile: Email:		
Organisation What is your level / type of approval? What contract do you hold? MOJ MOH CYF MSD Other: If you selected other, please state:		
Individual What affiliation or association within the sector do you have? NZ Association of Counsellors (NZAC) Aoteroa NZ Association of Social Workers (ANZASW) Tangata Whenua Social Workers (TWSWA) Other, please state:		
Services Provided What Service/s does your organisation provide? e.g.: Counselling 1. 2. 3. 4. Name two referees (if not known to Skylight): 1. Ph: 2. Ph: Please list any other service/s that you as individual provide. e.g.: Youth 1. 2.		
Operational Information What is your legal status? Inc. Society Charitable Trust CC: Other: How many years have you been in operation? 0-4yrs 5-10yrs 10+yrs What is the extent of your operation? Local National Regional How many sites do you operate? 1 2 3 4 5 or more List Sites: How many staff / volunteers / counsellors, social workers work within your service? Full Time Staff: Part Time Staff: Total: Full Time Volunteers: Part Time Volunteers: Total: Is your organisation predominantly? Maori Pacific Island Pakeha Asia Migrant Other Are your clients predominantly? Maori Pacific Island Pakeha Asia Migrant Other		
Outcomes What benefits do you want from your Skylight Partnership?		