

YP Space MNC – 2019 ASES Accreditation: Young Person Participation Consent

This form is to be completed for all young people involved in the 2019 YPS ASES Accreditation process. YPS must provide information to all young people related to information access & privacy controls. YPS must ensure young people have read & understood what their consent authorises, their rights in participation & their right to withdraw this consent at any time.

I,, give consent for my involvement in the 2019 YPS ASES Accreditation process, including (please tick which applies):

- ☐ **External Assessor** accessing my Files held by YPS &
- ☐ being interviewed related to my experience of working with YPS by **External Assessor**
- ☐ both my Files being accessed & being interviewed by **External Assessor**
- ☒ I understand that this information will be used exclusively to assist the accreditation assessment of YPS SHS service & will not be shared with any other Third Party.
- ☒ I understand that **External Assessor** is not wanting to gather information on my personal issues, but is gathering information on the support provided to me by YPS, the processes YPS use to provide this support & my feedback related to my support through YPS.
- ☒ I understand that any information recorded in my File may be accessed by **External Assessor** to complete the Assessment.
- ☒ I understand that I can nominate to have a support person with me during the Interview process & that this person will be of my choosing.
- ☒ I understand that any information gathered will remain confidential to YPS & **External Assessor** for the ASES Accreditation assessment process & no information will be reproduced or provided to a Third Party.
- ☒ I understand that this consent remains in force only for this current 2019 YPS ASES Accreditation assessment process & that all consent ceases at the completion of this assessment process.
- ☒ I understand that this consent can be withdrawn at any time by my request to YPS. I also understand that I do not have to give any reasons as to why I wish to withdraw my consent.

Name:	Date:	Signature:
(Young person)		
YPS CEO		
ASES External Assessor: Name Staff name		

Version/ Quality Control

Version	V1
Last review date	Sept 2019
Approval date	Oct 2019
Next review date	Sept 2020