

Application Form

Partners in Policymaking - the way to make a difference





The closing date for this application form is Wednesday, 26th August 2015.

June Dunlop In Control Scotland c/o SCLD 6th Floor, Merchant Exchange 20 Bell Street Glasgow G11LG



All completed application forms should be returned to:

June Dunlop
In Control Scotland
c/o SCLD
6th Floor, Merchant Exchange
20 Bell Street
Glasgow
G1 1LG
june.d@in-controlscotland.org.uk

1. Name:



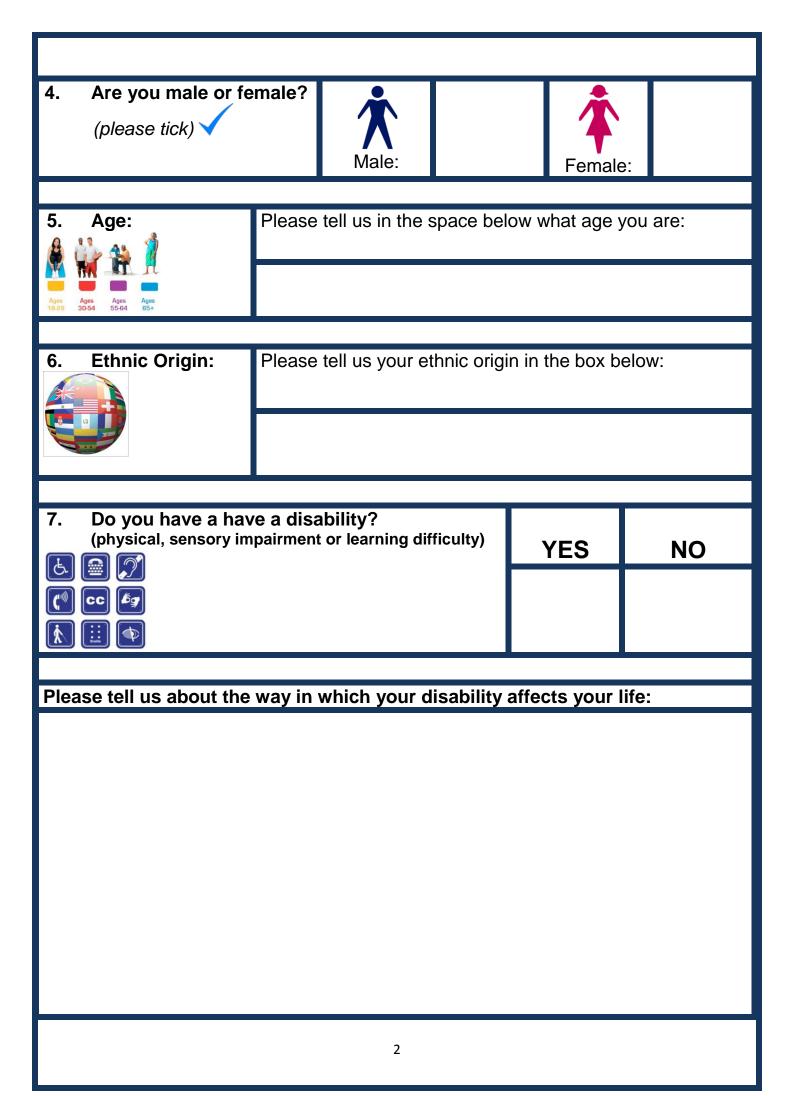
2. Address:





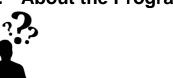
3. Telephone No:





8. Are you a parent/guardian of a disabled child?	YES	NO
If you are the parent or guardian of a child with a physical or sensory impairment of difficulty please answer the following:	or learning	9
How many disabled children are in your family?		
Child/Children's Name/s	Αģ	ge
1.		
2.		
3.		
Other Children:		
Please tell us about the way in which your child's disability affect	s your l	ives:
9. Services and Supports		
Please tell us details of any services and supports you or your cl	nild are	<u> </u>
currently receiving:		
3		

10. About the Programme



Please tell us what interests you about the Partners in Policymaking programme?

11. Is there anything in particular you think the programme can help you with?

12. Programme Sessions:



It is important that participants attend all sessions. Please check the table below and circle the dates that you are able to attend:

(Please note that session times are 11.00 am – 9.00 pm on the Friday and 9.00 am – 4.00 pm on the Saturday)

Session 1 - Friday, 2 nd & Saturday, 3 rd October 2015	Yes	No
Session 2 - Friday,6 th & Saturday, 7 th November 2015	Yes	No
Session 3 - Friday, 4 th & Saturday, 5 th December 2015	Yes	No
Session 4 - Friday, 8 th & Saturday, 9 th January 2016	Yes	No
Session 5 - Friday, 5 th & Saturday, 6 th February 2016	Yes	No
Session 6 - Friday, 18 th & Saturday 19 th March 2016	Yes	No
Session 7 - Friday, 22 nd & Saturday 23 rd April 2016	Yes	No
Session 8 - Friday, 20 th & Saturday, 21 st May 2016	Yes	No

13. Course Work:



Participants will be asked to undertake some coursework between sessions and complete a project by May 2016. Please select by ticking one of the options below to show your willingness to try and undertake this coursework.

I am willing to try and undertake all coursework between sessions

I will be unable to undertake all coursework between sessions

The reason for this is:

14. Additional Support:



Each participant is encouraged to make their own arrangements to attend the programme, but we recognise that in some circumstances, some participants may need some additional support such as:

- Assistance with using the course materials and completing the assignments
- > Help with childcare while you are on the course
- Travel costs to attend the sessions
- ➤ Aids and adaptions to assist with learning, i.e. course materials provided in different formats
- Specific special requirements, i.e. dietary, fully adapted and accessible bedroom

We have a small budget, which will help with some of the above supports if required.

Please detail any additional support you think you may require:

15. About You:



Partner's is designed for people who want to gain campaigning and advocacy skills and although these skills are not a requirement for this programme, it would be helpful to know if you have experience in trying to improve things for disabled children or adults.

Please tell us about any kind of work you may have been involved in. This might include:

- Membership of groups, clubs advocacy or support organisations
- > Direct experience in speaking up for disabled people or yourself
- Experience in negotiating services for either yourself or your family

16. Additional Information:

If there is any other information you would like to tell us about that you think may support your application, please tell us here:

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There may be a large number of applications and we may need to seek references in order to help us shortlist participants. It would help us if you could provide us with the details of someone we can contact for a reference if this is the case:

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N	а	m	е	:



Address:



Telephone No:





How do you know this person?

How did you hear about the Partners in Policymaking Programme?

In Control Scotland	Local Authority	
Child's School	Friend	
Another Organisation	Day Centre	

Date application completed:

Thank you for taking the time to complete this application form





