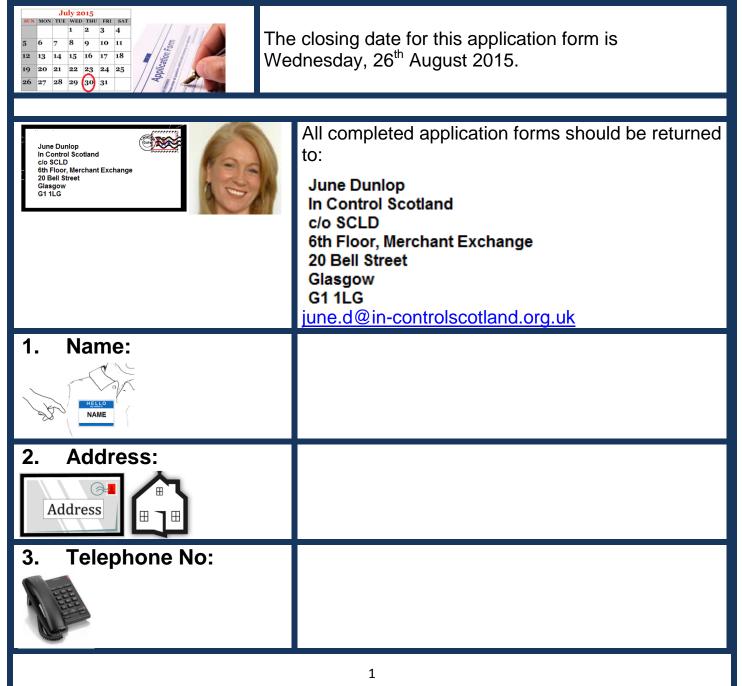


Application Form

Partners in Policymaking - the way to make a difference



4. Are you male or female? Image: Second Secon							
Image: Sector of the sector	-	emale?	Male:		Female	e:	
Image: Sector of the sector							
Image: Set the set test test test test test test	5. Age:	Please	Please tell us in the space below what age you are:				
Image: Second state of the second s							
Image: Second state of the second s							
(physical, sensory impairment or learning difficulty) YES NO Image:	6. Ethnic Origin:	Please	tell us your e	thnic origi	in in the box b	elow:	
(physical, sensory impairment or learning difficulty) YES NO Image:							
(physical, sensory impairment or learning difficulty) YES NO Image:							
	(nhysical concerv impairment or learning difficulty)				NO		
	Please tell us about the	way in	which your	hisahility	affects your l	ife:	
		, way in	which your	JiSability			
_							
			2				

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	7	
How many disabled children are in your family?			
Child/Children's Name/s	Aç	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 child are currently receiving:			

10. About the Programme Please tell us what interests you about the Partners in Policymaking programme?				
14 lo thore on thing in port				
11. Is there anything in parti with?	icular you think the progra	amme can he	ip you	
12. Programme Sessions:	It is important that participants attend all sessions. Please check the table below and circle the dates			
Session 1	that you are able to attend: (<i>Please note that session times are 11.00 am –</i> 9.00 pm on the Friday and 9.00 am – 4.00 pm on the Saturday)			
Session 1 - Friday, 2 nd & Satu	rday, 3 rd October 2015	Yes	No	
Session 2 - Friday,6 th & Saturo		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 & Satur	Yes	No		
Session 6 - Friday, 18 th & Satu	Yes	No		
			No	
Session 8 - Friday, 20 th & Satu	rday, 21 st May 2016	Yes	No	
	4			

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 un	I am willing to try and undertake all coursework between sessions			
I will be unable to under	ake all coursework between sessions			
The reason for this is:				
14. Additional Suppo	 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 addition	nal 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:

References:

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:

Name:					
Address:					
Address					
Telephone No:					
What do your references say about you?	How do you kr	now this p	erson?		
How did you hea	ar about the Pa	artners in	Policymaking P	ogramme?	
In Control Scotlar	nd		Local Authority		
Child's School			Friend		
Another Organisation			Day Centre		
Other					
Date application	completed:				
Thank you thank you thank	-	e time to	o complete this	s application	n form My Support My Choice
	Scotland		g inclusion		directed Support Strategy 2010 - 2020