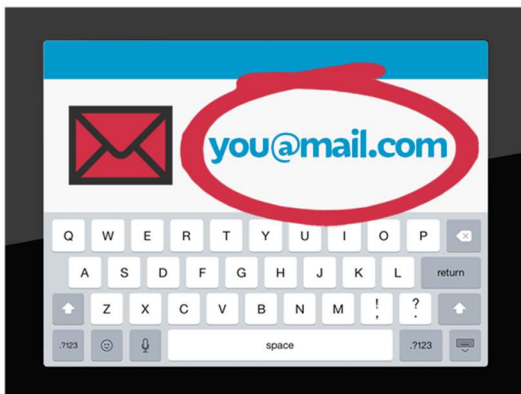




This application form is for joining the Norfolk Learning Disability Partnership Board.



If you find it difficult to complete this form, we are happy to arrange a phone call to share more about the Norfolk Learning Disability Partnership and complete the form with you.



Please email **contact@norfolkldpartnership.org.uk** to arrange a phone call, should you need one.

Application Form

Your Details			
First Name:		Last Name:	
Postal Address			
Email Address			
Main Contact Number			
Secondary Contact Number			

Are you filling this form in for yourself? **Yes** **No**

If you answered no, please tell us your name and relationship to the person you are filling this form in for:

Name	
Relationship	



Your Experience

Why would you like to volunteer for the Norfolk Learning Disability Partnership?

Is there anything else you would like to tell us about yourself?

For example, you could write about any skills, qualifications, hobbies or experiences which you think would be helpful to the Norfolk Learning Disability Partnership that you have not already talked about.

If you require reasonable adjustments, please let us know below.

For example; meetings at a certain time of the day, a quiet room before and after the meeting, support or advocacy from a friend/buddy or family member at the meeting.



After we have received your application, we will contact you to arrange a phone call.



This will be to discuss your application and for further information about current places on the partnership board.



In the event of an emergency, please list the names and telephone numbers of two individuals you would like us to contact.



We will only share the information with the meeting facilitator in the event of an emergency.

Emergency contact form

Contact Name	
Their relationship to you	
Contact address	
Contact Number 1	
Contact Number 2	

Contact Name	
Their relationship to you	
Contact address	
Contact Number 1	
Contact Number 2	