

# Partners in Policymaking

A Leadership Development Programme for Parents of disabled children and disabled adults  
8 Monthly Sessions

## 2018 - 2019



# Partners in Policymaking Application Form

*'the way to make a difference'*

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

## Section 1 Personal details

<b>Surname:</b>		<b>First Name:</b>		<b>Title:</b>	
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<b>Address:</b>	
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<b>Postcode:</b>	
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<b>Home Telephone N<sup>o</sup>:</b>	<b>Mobile Telephone N<sup>o</sup>:</b>
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<b>E-mail address:</b>	
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<b>Are you male or female? (please tick)</b> ✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Date of Birth</b>									
MM / DD / YYYY	Day	Month	Year						

## Section 2      Disablement Information

Are you disabled?



Yes

No

Please tell us about how being disabled affects your life:

Continue on a separate sheet if necessary

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 or learning difficulty, please answer the following:*

How many disabled children are in your family?

Child's Name:

Age:

Other Children:

**Please tell us about the way in which your child's support needs affect your lives:**

### **Section 3      Service and Supports**

**Please tell us details of any services and supports you or your child are currently receiving:**

### **Section 4      About the Programme**

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

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

## Section 5 Programme Sessions



It is important that participants attend all sessions. Please check the table below and tick any of the dates you would be unable 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)*

2<sup>nd</sup> & 3<sup>rd</sup> November 2018

7<sup>th</sup> & 8<sup>th</sup> December 2018

25<sup>th</sup> & 26<sup>th</sup> January 2019

22<sup>nd</sup> & 23<sup>rd</sup> February 2019

22<sup>nd</sup> & 23<sup>rd</sup> March 2019

26<sup>th</sup> & 27<sup>th</sup> April 2019

31<sup>st</sup> May & 1<sup>st</sup> June 2019

14<sup>th</sup> & 15<sup>th</sup> June 2019



## Section 6 Coursework

Participants will be asked to undertake coursework between sessions.

## Section 7 Additional Support

Each participant is expected 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
- Help towards travel costs to attend the sessions
- Aids and adaptations to assist with learning, i.e. course materials provided in different formats
- Specific special requirements, i.e. dietary, fully adapted and accessible bedroom

**Please detail any additional support you think you may require:**

## Section 8 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 activity you may have been involved in. This might include:

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

## Section 9 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:

Reference 1		Reference 2	
Name:	<input type="text"/>	Name:	<input type="text"/>
How do you know this person?	<input type="text"/>	How do you know this person?	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	Postcode <input type="text"/>		Postcode <input type="text"/>
Telephone N°:	<input type="text"/>	Telephone N°:	<input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>

## Section 10 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:

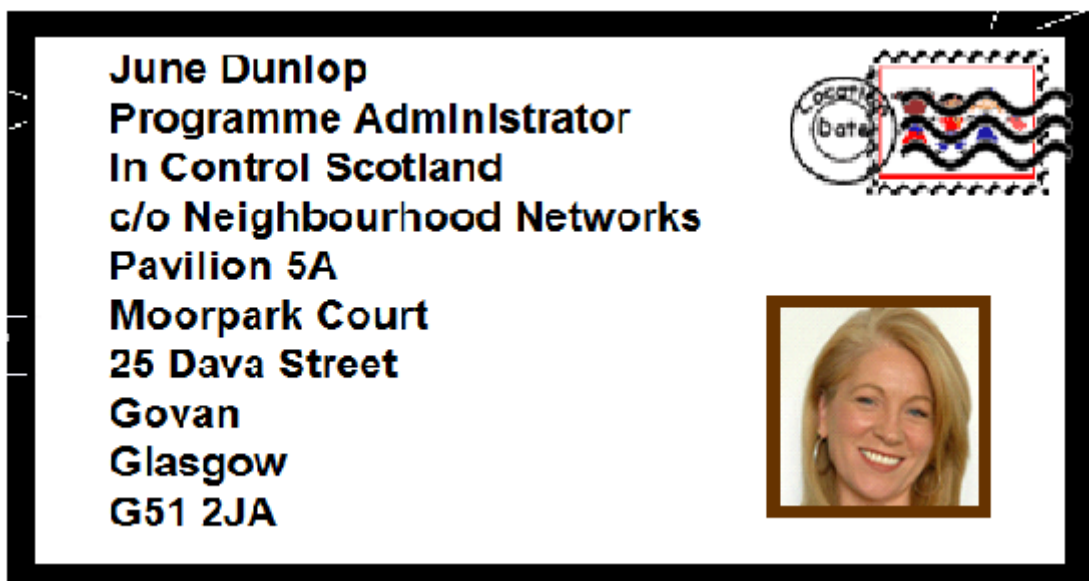
## How did you hear about the Partners in Policymaking programme?

In Control Scotland  Local Authority  Provider Organisation   
Child's School  Friend  Other

Date application completed:

Signature:

Completed applications should be sent to:



[june.d@in-controlscotland.org.uk](mailto:june.d@in-controlscotland.org.uk)

Thank you for taking the time to complete this application form



**THE CLOSING DATE FOR THIS APPLICATION IS: 14<sup>TH</sup>  
SEPTEMBER 2018**