

What is the Norfolk Learning Disability Partnership (LDP)?

The Norfolk Learning Disability Partnership was instructed to assist in the writing of the learning disability strategy 2018-2022. It aims to give people with a learning disability a listened to voice.

How can I get involved?

There are many ways to get involved in the work of the Norfolk Learning Disability Partnership:

- Receive a newsletter.
- Attend a locality group for people with learning disabilities, their families/carers and people interested in learning disabilities.
- Join the Board itself.

If you would like to be kept informed about upcoming locality groups, involvement opportunities and to receive the newsletter, email contact@norfolkldpartnership.org.uk

If you wish to join the Board itself, please complete the Norfolk Learning Disability Partnership Application Form and return to contact@norfolkldpartnership.org.uk

Norfolk Learning Disability Partnership - Membership

- **Locality Groups**
- **Newsletter**
- **Updates**

Email

**Board
Member**

Application Form



Application Form

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

Any information you decide to share with us will be stored securely and only used for related work.

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@norfolklpartnership.org.uk to arrange a phone call, should you need one.

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.

A large, empty rectangular box with a black border, intended for the applicant to provide details of any reasonable adjustments required.

**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.

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	



CONSENT AND AGREEMENT

Your privacy is important to us, and we store personal details carefully. We will hold whatever information you share with us securely and will only be shared as outlined below. You can ask us at any time to stop using your personal details – please email contact@norfolkldpartnership.org.uk

The Norfolk Learning Disability Partnership is its own data controller, which means it processes personal data.

By signing below, I confirm that:

- The information I have given above is correct.
- I give permission for the Norfolk Learning Disability Partnership to use and share my personal data for the purposes of managing the work of the Norfolk Learning Disability Partnership, this will never be with third parties.
- If I am selected for a position on the Norfolk Learning Disability Partnership Board, I accept that my name will be included within Board Meeting minutes. The minutes will be available to download from the LDP website.
- I agree to follow the *Norfolk Learning Disability Partnership Coproduction Principles*.
- I understand that places on the Board are limited, completing this form does not guarantee a place, but my application will be kept securely and forwarded to the Board when vacancies become available.
- I will email contact@norfolkldpartnersip.org.uk if I no longer wish to receive Norfolk Learning Disability Partnership information.

Signed: _____

Date: _____

(If you are sending this form by email, your email will be considered as your signature).

Please send your application by email to contact@norfolkldpartnership.org.uk