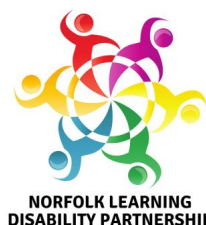


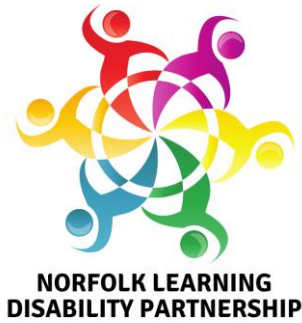
Norfolk Learning Disability Partnership Application Form



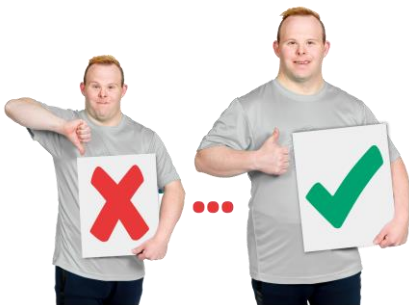
Updated: September 2024



What is the Norfolk Learning Disability Partnership?



The Learning Disability Partnership are a group of people who live or work in Norfolk.



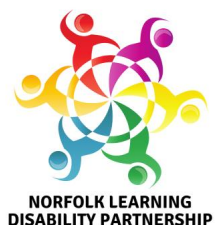
They want to make the lives of people with Learning Disabilities better.



The Norfolk Learning Disability Board helps people who are over the age of 18.



We also want to help those who care for people with a learning disability.



What does the Learning Disability Partnership do



Talk about the issues that people with Learning Disabilities face.



Talk about the Learning Disabilities services that run in Norfolk.

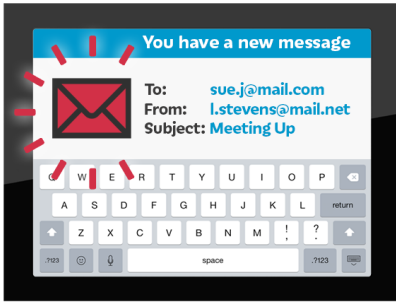


Run Locality groups across Norfolk. We talk about the local issues that people are facing.



Work on priority outcomes outlines in the Norfolk Learning Disabilities Strategy.

How to get involved?



You can receive a newsletter



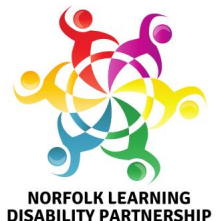
Attend a Locality Group



Join the Norfolk Learning Disability Partnership Board



If you want to attend the Locality Groups or receive a newsletter you can sign up by scanning the QR Code.

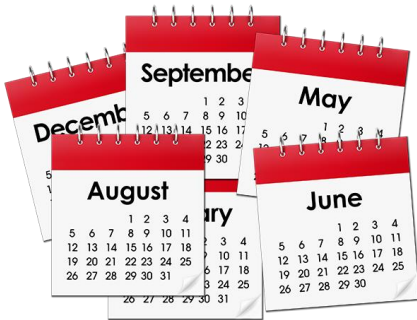


NORFOLK LEARNING
DISABILITY PARTNERSHIP

The Norfolk Learning Disability Partnership Board



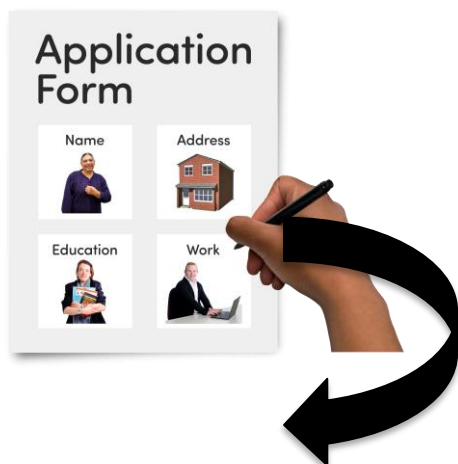
To join the Norfolk Learning Disability Partnership Board, you will need to complete an application form.



We have 4 Meetings a Year

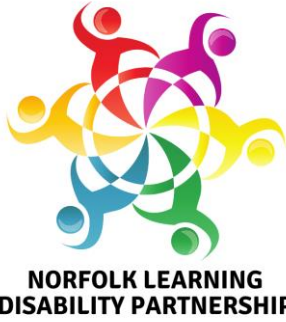


If you are a person with a Learning Disability you will be paid for your time.



The Application form is on the next pages.

Application Form



Please complete this application form to apply to join the Norfolk Learning Disability Partnership Board.

Personal Details

Please write your answers in the boxes



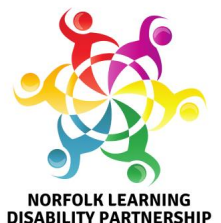
What is your First and Last Name



What is your address?



What is your Email Address?





What is your telephone number?

Your Experience



Why would you like to join the Norfolk Learning Disability Partnership Board?

About You



Please tell us more about you? Do you have any hobbies or skills or what do you like to do in your spare time?

Reasonable Adjustments



Do you need any help to attend the meetings?

Consent Form



We need your consent to store and use your personal information.

Please read the statements below and sign if you are happy with them.



The information I have given is correct



I allow the Norfolk Learning Disability Partnership to use my personal data to help with their work. They will not share my data with anyone else.



If I join the Norfolk Learning Disability Partnership Board, my name will be in the meeting notes. These notes can be downloaded from the LDP website.



I agree to follow the Norfolk Learning Disability Partnership Coproduction Principles.



Filling in this form does not mean I will get a spot, but my form will be kept safe and sent to the Board when there are openings.



I will email contact@norfolklpartnersip.org.uk if I do not want to get news from Norfolk Learning Disability Partnership anymore.

Signature

Date

Thank you



Thank you for completing the application form.

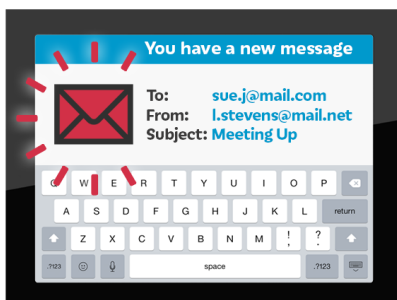


We will call you to discuss your application and find out more if we need to.

If we should call someone else, please put their details on next page.



You can post your application to:
ASD Helping Hands
Room 412-416
Breckland Business Centre
Dereham
Norfolk
NR19 1FD



Or email you application to:
contact@norfolklpartnership.org.uk

Additional Contact



If you want us to contact someone else about your application. Please put their details below.



Contact First name and Last name



What is their Email Address?



What is their telephone number?



How do you know this person?