**EXPRESSION OF INTEREST (APPLICATION) FORM – Join the**

**Learning Disability England Representative Body**

|  |  |
| --- | --- |
| A person holding a sign  Description automatically generated | Name: |
| A screen shot of a red brick building  Description automatically generated | Address: |
| A screenshot of a cell phone  Description automatically generated | Date: |
| A screen shot of a computer  Description automatically generated | Email: |
| A picture containing remote, electronics, indoor, controller  Description automatically generated | Telephone Number: |
| A person sitting on a table  Description automatically generated | How you can support me: |
| A picture containing indoor  Description automatically generated | What type of member are you? Please circle:Self-Advocate Family and Friends Organisational |
| A close up of a logo  Description automatically generated | If more than one of the above applies to you, which member type would you like to represent on the Rep Body? Please circle one:Self-Advocate Family and Friends Organisational |

**Please answer these two questions:**

|  |  |
| --- | --- |
|  | **Question 1.**As a member of the Representative Body, how will you represent and connect to other members? |
|  | **Your answer:** |
|  | **Question 2.**As a member of the Representative Body, what skills and talents will you bring? |
|  | **Your answer:** |

Please return this form **to arrive by 5pm on 30 March 2020**

**By email to:** **elections@LDEngland.org.uk**

**Or by post to:**

**Rep Body Elections**

**Learning Disability England**

**Rose House**

**4 Preston Street**

**Faversham**

**ME13 8NS**

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 **Thank you!**