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**Application form**

***Confidential***

**Please remember there are many ways to apply other than this form. Contact us if you would like to discuss a way that would suit you best. For example; we could talk over the phone or Skype/Zoom/Teams, or any other method that gets your suitability for the role across.**

**Introduction**

Please complete this form in type or black ink. Answer all the questions in the spaces provided. You can add sheets if there isn’t enough room on the form to write your answers. Please do not send your CV.

Your application will be considered on the basis of the requirements of the post as set out in the person specification. The front page of this form and the equal opportunities monitoring form will not be sent to the shortlisting panel.

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| **Role:** | **Access to Elected Office Fund Wales - Decision Panel (Member)** |

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| **Last Name** |  |
| **First Names** |  |
| **Address (including postcode)** |  |
| **Telephone Number (Work)** |  |
| **Telephone (Home)** |  |
| **Telephone (Mobile)** |  |
| **Email address** |  |
| **What is your preferred method of contact?** |  |

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| **How did you find out about this role?** |  |

**Do you identify yourself as a disabled person?**

The person specification for this role identifies having lived experience of disability and making reasonable adjustments’ as a key requirement of this role.

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| **Yes** (*Please tick or insert X)* |  | **No** *(Please tick or insert X)* |  |

**Am I a disabled person?**

Disability Wales’s definition of ‘disabled person’ is one who on account of having a physical and/or sensory impairment, learning difficulty or mental health issue faces barriers due to attitudinal, societal and environmental factors.

Disability Wales is an organisation run and controlled by disabled people. We recognise that there are a range of disabling barriers in society which prevent many people from achieving full participation such as in education, employment or living independently in the communityThese barriers may be access to the physical environment, information or communication, lack of support or flexibility, or negative attitudes and stereotypes. You may not identify yourself as a disabled person but if you have encountered any of these barriers or others in relation to a long-term health condition, injury or hidden impairment then you are eligible to apply.

Please give examples of some of the barriers you face as a disabled person *(see definition of Social Model of Disability):*

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**Please give details of your fluency in Welsh**

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**Suitability for the role**

Please tell us why you are suitable for this role. Briefly, address each of the points in the person specification in the order they appear. It is important to give examples of what you have done rather than just say you can do something.

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Please continue on continuation sheet if necessary

**Data Protection**

Disability Wales will take care to ensure that all applicant data is appropriately and securely stored and handled.

The information on this sheet will be held securely by Disability Wales. If an applicant is not successful their application and personal data form will be destroyed.

**Declaration**

I understand that Disability Wales is permitted to hold personal information about me as identified on this application form, as part of their recruitment procedures and personnel records.

By submitting this application form I hereby declare that the information contained in this form is correct. Any false or misleading information provided by me on my application form or any other related documents may result in any subsequent appointment being terminated.

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| **Signature:** | **Date:** |

**An electronic signature is acceptable.**

Please return your completed application form by 16th February 2021**.** You can post them to Disability Wales, Brydon House, Block B, Caerphilly Business Park, Van Road, Caerphilly, CF83 3ED, or e-mail them to:

You can contact us by phone on 029 20887325 email:

Continuation Sheet

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