

Independent People with Disabilities Membership Form

(Please note: this form should not be completed in pencil)

Name of applicant / organisation / group

Please tick appropriate box:

- Panel A People with disabilities over 18 years old
- Panel B1 Individual /Groups of Parents/ Partners/ Relatives
- Panel B2 Advocates of persons with Learning Disability
Mental/Emotional Disability
- Panel C Local groups of people with Disabilities
Groups of people with disabilities part of larger organisation

ADDRESS _____

TEL NO _____ EMAIL _____

Tick if you are 18 or over

Male Female

Do you require a Sign Interpreter? Yes No

Please specify if you require a special format for correspondence:

Disk Audio Cassette Braille Large Print Email

If the group/ organisation is affiliated to a National Organisation please specify:

N.B. Groups/Organisations: Please enclose description of activities and a copy of Constitution or Memorandum and Articles of Association with your application if available

I agree to become a member of Independent People with Disabilities Ltd. and to support its Aims and Objectives.

Signed: _____

Date: _____

Aims and objectives

Representation: Of all people with disabilities through an effective representative structure.

Support: And promotion of self-advocacy of people with disabilities, through training, raising awareness and providing information. The company will reflect the right of people with disabilities to speak for themselves.

The company will provide support to people with disabilities, their families, carers, advocates and communities to express their concerns, hopes and expectations. The company will represent these views to statutory and voluntary organisations, government departments, those who direct policy and those who control resources.

The company will work to raise awareness of the issues of concern to people with disabilities. It will campaign for the changes that will promote equality for people with disabilities.

Panel Descriptions

Panel A **People with disabilities (Physical, Sensory, Mental/ Emotional)**

Panel B1 **Individual / organised groups of Parents/Partners/Relatives who work on behalf of people with disabilities**

N.B: Groups/Organisations – Please enclose description of activities and a copy of Constitution or Memorandum and Articles of Association with your application.

Panel B2 **Advocates**

Advocates of persons who by the nature of their disability are unable or unwilling to Represent themselves

Panel C2 **Local groups of people with disabilities**
Groups of people with disabilities part of larger organisation

N.B: Groups/Organisations – Please enclose description of activities and a copy of Constitution or Memorandum and Articles of Association with your application.

Mailing Address

**Independent People with Disabilities,
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Co. Westmeath.**

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E-mail: **independentpwd@gmail.com**