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**Application Form**

**Paid volunteer opportunity – Learning Disability Partnership Co-chair**

Please enter your personal details in the box below or you can make a video or give us a call on 0161 974 0753

|  |  |
| --- | --- |
| Your Name |  |
| Contact Number |  |
| Email address |  |

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| Please give brief details of your experience of using health and care services in Stockport |
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| Why do you think you would be suitable for the role of Learning Disability Partnership Co-chair? |
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| Support – What support might you need, how do you best like to be contacted? |
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