

## What is the Norfolk Autism Partnership (NAP)?

The Norfolk Autism Partnership was set up to respond to the Autism Act. It aims to improve services for children, young people and adults who have, or who may have autism.

## How can I get involved?

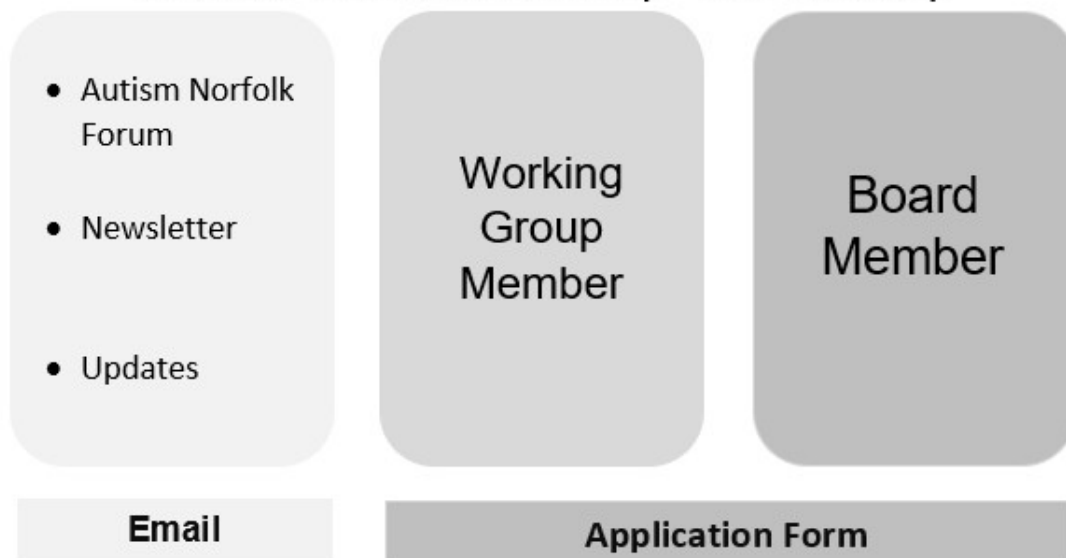
There are many ways to get involved in the work of the Norfolk Autism Partnership:

- Receive a newsletter.
- Attend a forum for autistic people, their families/carers and people interested in autism.
- Get involved in the priority work of the Board through joining a Working Group
- Join the Board itself.

If you would like to be kept informed about upcoming forums, involvement opportunities and to receive the newsletter, email [contact@norfolkautismpartnership.org.uk](mailto:contact@norfolkautismpartnership.org.uk).

If you wish to get involved in the priority work of the Board through joining a Working Group or joining the Board itself, please complete the Norfolk Autism Partnership Application Form and return to [contact@norfolkautismpartnership.org.uk](mailto:contact@norfolkautismpartnership.org.uk).

## Norfolk Autism Partnership - Membership



## Application Form

This application form is for joining a **Working Group** or the **Norfolk Autism Partnership Board**.

Any information you decide to share with us will be stored securely and only used for related work.

If you find it difficult to complete this form, we are happy to arrange a phone call to share more about the Norfolk Autism Partnership and complete the form with you. Please email [contact@norfolkautismpartnership.org.uk](mailto:contact@norfolkautismpartnership.org.uk) to arrange a phone call, should you need one.

How would you like to get involved?	
Apply to join a NAP Working Group	<input type="checkbox"/>
Apply to join the NAP Board.	<input type="checkbox"/>

Your Details			
<b>First Name:</b>		<b>Last Name:</b>	
<b>Postal Address</b>			
<b>Email Address</b>			
<b>Main Contact Number</b>			
<b>Secondary Contact Number</b>			

Are you filling this form in for yourself?  **Yes**  **No**

If you answered no, please tell us your name and relationship to the person you are filling this form in for:

<b>Name</b>	
<b>Relationship</b>	

**Your Experience**

*Why would you like to volunteer for the Norfolk Autism Partnership?*

**Is there anything else you would like to tell us about yourself?**

*For example, you could write about any skills, qualifications, hobbies or experiences which you think would be helpful to the Norfolk Autism Partnership that you have not already talked about.*

**If you require reasonable adjustments, please let us know below.**

*For example; meetings at a certain time of the day, a quiet room before and after the meeting, support or advocacy from a friend/buddy or family member at the meeting.*

**After we have received your application, we will contact you to arrange a phone call. This will be to discuss your application and for further information about our working groups and current places on the partnership board.**

In the event of an emergency, please list the names and telephone numbers of two individuals you would like us to contact.

*We will only share the information with the meeting facilitator in the event of an emergency.*

Contact Name	
Their relationship to you	
Contact address	
Contact Number 1	
Contact Number 2	

Contact Name	
Their relationship to you	
Contact address	
Contact Number 1	
Contact Number 2	

## CONSENT AND AGREEMENT

Your privacy is important to us, and we store personal details carefully. We will hold whatever information you share with us securely and will only be shared as outlined below. You can ask us at any time to stop using your personal details – please email [contact@norfolkautismpartnership.org.uk](mailto:contact@norfolkautismpartnership.org.uk)

The Norfolk Autism Partnership is its own data controller, which means it processes personal data.

By signing below, I confirm that:

- The information I have given above is correct.
- I give permission for the Norfolk Autism Partnership to use and share my personal data for the purposes of managing the work of the Norfolk Autism Partnership, this will never be with third parties.
- If I am selected for a position on the Norfolk Autism Partnership Board, I accept that my name and autism status will be included within Board Meeting minutes. The minutes will be available to download from the NAP website.
- I agree to follow the *Norfolk Autism Partnership Coproduction Principles*.
- I understand that places on the Board and Working Groups are limited, completing this form does not guarantee a place, but my application will be kept securely and forwarded to the Board or Working Group Leads when vacancies become available or through a review of the Boards' priorities.
- I will email [contact@norfolkautismpartnersip.org.uk](mailto:contact@norfolkautismpartnersip.org.uk) if I no longer wish to receive Norfolk Autism Partnership information.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*(If you are sending this form by email, your email will be considered as your signature).*

Please send your application by email to [contact@norfolkautismpartnership.org.uk](mailto:contact@norfolkautismpartnership.org.uk)