****Telling It Like It Is - TILII

Membership Application Form

Interested in getting involved in a TILII group? Please fill in the form with your information.

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|  | 1. Please tick which TILII Group you would like to join?Belfast/Lisburn [ ]  Bangor [ ]  Downpatrick [ ]  |
|  | Fermanagh [ ]  Omagh [ ]    |
|  | 2. Your name |
|  |  |
| https://encrypted-tbn2.gstatic.com/images?q=tbn:ANd9GcTuVEeKzl0tiolD7tXgbf1vfm-ivSLJOSAICKqOQsXSXazX-kJY | 3. Your address |
|  |  |
|  |  |
| https://encrypted-tbn3.gstatic.com/images?q=tbn:ANd9GcQe0Z5KZxiydQryBdCfLFe5_BMB21uA3ZMIXY22pUJvjjbyT7LL |  |
|  | 4. Your telephone number |
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| https://encrypted-tbn3.gstatic.com/images?q=tbn:ANd9GcTN2n3jozOlCy8iP7NkFZHTLZTYdHGfgL0TXzM0V5i2hs_Tv_gP | 6. Have you been involved in advocacy before – this means speaking out for people with a learning disability- at meetings or with another group? |
|  | Yes [ ]  No [ ]  |
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|  | Please tell us about it |
|  |  |
|  |  |
|  |  |
| http://thesilvervoice.files.wordpress.com/2011/03/shout_out.jpg | 7. Have you ever given a talk or presentation to a group of people before? |
|  | Yes [ ]  No [ ]  |
|  | Please tell us about it |
|  |  |
|  |  |
| http://www.francize.ro/Modules.Storage/Content/support%20francizat.jpg |  |
|  | 8. Why do you think you would be a good TILII member? |
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|  |  |
| http://4.bp.blogspot.com/-nZzrOZDdjhM/TpNU7jksAvI/AAAAAAAADcU/RDTLabK7ARg/s400/cartoon-car-prev1175613399z4N9YZ.jpg | 9. Can you travel to places on your own? |
|  | Yes [ ]  No [ ]  |
|  |  |
|  | How are you able to travel to different places? Such as by bus, taxi , lifts etc… |
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|  | 10. Please tell us any medical information that we need to know to help support you? |
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|  |  |
| https://encrypted-tbn3.gstatic.com/images?q=tbn:ANd9GcS-wlNGCckBBmwxS5LpK_AeR_m-ii0iawvpWQZKg2JEtGqtVnwP | 11. Is there anything else you would like to tell us about yourself? |
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| 12. How did you find out about getting involved in TILII?Please tick |
| TILII Member [ ]  | Family [ ]  | Social Worker [ ]  |
| Support Worker [ ]  | Myself [ ]  |  |
| Other [ ]  | Please tell us who? |
|  |  |  |
| 13. Who can we contact if we need to find out more information? For example, a parent, support worker etc |
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|  |
| Please sign your name |
| Signed: |  |
| Date: |  |



Thank You!

**Please return the completed form to:**

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| --- | --- |
| Louise HughesARC NI, Ash GroveWildflower wayBoucher RoadBELFAST BT12 6TA | Tel: 028 9038 0965Email: louise.hughes@arcuk.org.uk |
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