



## **Supported Needs and Disability Office Lived Experience Council Application**

**Following the success of the NGO Council, the Supported Needs and Disability Office (SNDO) is forming a Lived Experience Council comprised specifically of persons with supported needs and disabilities.**

**The Lived Experience Council aims to provide persons with supported needs and disabilities the opportunity to self advocate directly to HM Government of Gibraltar. The SNDO will ensure that the Lived Experience Council represents as wide an array of issues as possible.**

**Please note that in order to apply for the Lived Experience Council you must be over the age of 18 and have had a supported need or disability for at least 1 year.**



## Supported Needs and Disability Office Lived Experience Council Application

### Part 1: Personal Details

Title:

**Mr**

**Mrs**

**Miss**

**Ms**

**Other**

Please tick the appropriate box

Forenames:

Surname:

Address:

Date of Birth:

Contact Number:

Email:



## Supported Needs and Disability Office Lived Experience Council Application

### Part 2: Details of your Disability.

Do you have any of the following?  
Please tick all that apply

- Deafness or partial hearing loss
- Blindness or partial sight loss
- Speech difficulties
- Learning difficulties
- Developmental difficulties
- Mobility difficulties (walking)
- Mobility difficulties (wheelchair)
- Dexterity difficulties
- Mental health issues
- Other (Please specify)



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### Part 2: Details of your Disability.

**What is the nature of your disability?**

How long have you  had your disability?

Is your disability from birth or  From birth  
was it acquired later in life?  Acquired later in life

**If there is any other information you wish to add regarding your disability please do so below:**



## Supported Needs and Disability Office Lived Experience Council Application

### Part 3: Declaration

The Lived Experience Council is a voluntary organization overseen by the Supported Needs and Disability Office. By signing and submitting this form you agree to allow the Supported Needs and Disability Office to process your information in order to select members to sit on the council. You also agree to make yourself available every few months to meet, should you be selected to be part of the Council.

Signature:

Date: