**Could you be the voice of families?**

**Self-Nomination Form**

**Family Representatives**

**Family Forum for St. Gabriel’s South City CDNT**

The **St. Gabriel’s South City Family Forum** will elect two Family Representatives in the upcoming information meeting. Please read the attached **“Role of the Family Representative”** and if you would like to get involved, please complete the **self-nomination form,** and return to us by **09/03/2023**. An election process will take place during the Family Forum meeting on 23rd March 2023.

**Please return by post or email by 09/03/2023**

South City Children’s Disability Network Team

Address: 14 Parnell Street, Limerick, V94 D378

Email: southcity@stgabriels.ie

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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of your child or children with complex needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What in broad terms is the nature of your child’s disability?

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Which CDNT does your child attend or is waiting to attend?

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Please answer the following four questions about your experience and interest in the role using less than 300 words for each question.

1. Have you been involved in advocacy on behalf of others? If so, please describe.

2. Tell us about your experience of taking part in groups and committees. Include any local, social, work or professional groups as well as disability services.

3. Tell us about other relevant experience

4. Tell us about your interest in being a Family Representative on your local Family Forum and Regional Family Representatives Group.