

NORTH CAROLINA PARTNERS in POLICYMAKING INTRODUCTION

What is Partners in Policymaking & Who Should Apply? Partners in Policymaking is a nationally replicated, forward-thinking, cutting-edge leadership and disability advocacy training program for parents of school-aged children with developmental disabilities and adults with developmental disabilities. Only parents of school-aged children with developmental disabilities and self-advocates should apply.

How is Partners in Policymaking Organized? Participants accepted into the NC Partners in Policymaking leadership and advocacy training program attend eight, two-day training sessions in Raleigh, NC which are scheduled to start in February, 2015 and conclude in September, 2015. Each of the eight sessions begin at noon on Saturday and conclude by 3:30 pm on Sunday. National and state experts on various disability-related topics present on various issues that touch and concern the lives of individuals with developmental disabilities and their families. Topics include:

- History of Disability and the Disability Rights Movement
- Inclusive Education, Communicating Effectively in Meetings
- Supported Employment, Supported Living, Person-Centered Planning
- Assistive Technology, Seating & Positioning, Positive Behavior Supports
- Federal Policy and Legislative Process
- State Legislative Process and Delivery of Mock Testimony at the NC Legislative Building
- State Policy/Service System, Boards & Commissions, & Parliamentary Procedures
- Community Organizing and Government-Funded Services

Attendance at all eight sessions is **mandatory**. Partners are expected to complete assignments between sessions, delivery of mock testimony and complete a public policy project. Mock testimony involves actively learning how to develop and deliver legislative testimony requesting some policy change to a legislative panel. Public policy projects that must be completed will be discussed and determined during the course of the training year.

When and Where? Each **2015** training session will be held at the **HILTON NORTH RALEIGH/MIDTOWN in Raleigh, NC** on the following dates:

February 28 & March 1

March 28 & 29

April 25 & 26

May 30 & 31

June 20 & 21

July 18 & 19

August 8 & 9

September 12 & 13

What's the Cost? NC Partners in Policymaking is funded by the North Carolina Council on Developmental Disabilities. Participants selected to participate in the training program participate free of charge. This includes registration for all eight sessions, lodging, and meals all of which is arranged by Advocacy Institute, Inc., the Project Coordinator of this training program. Mileage is reimbursed to participants.

Application Deadline: Applications must be postmarked by midnight on **January 16, 2015/EST**

Keep this Page and Return the Remaining Pages to: Advocacy Institute, Inc., P. O. Box 480160, Charlotte, NC 28269. Applications may also be emailed to: vonettablakely@gmail.com. Applications are available on the Internet and can be downloaded at www.advocacyinstituteinc.org or www.nccdd.org. The application is also available in Spanish, large print, Braille or audio tape upon request. **Any questions may be directed to Vonetta Blakley at: 704.649.5627, or you can email Vonetta at: vonettablakely@gmail.com.**

North Carolina Partners in Policymaking 2015 Application

Return completed application to:

Advocacy Institute, Inc.
P. O. Box 480160
Charlotte, NC 28269

Applications can be emailed to:

Vonetta Blakley
vonettablakely@gmail.com

Name: _____

Address: _____

City: _____ Zip Code: _____

County: _____

Day Phone: _____ Evening Phone: _____

Date of Birth: _____ Age: _____

Occupation: _____

Marital Status: _____

E-Mail Address: _____

_____ Male _____ Female

_____ Caucasian _____ African American _____ Latin American _____ Native American

_____ Asian-Pacific _____ Other Origin: _____

What language(s) do you speak: _____

I am:

_____ a person with a developmental disability.

_____ a parent of a person with a developmental disability.
Age of Child/Children with disability _____

_____ a family member, other than parent, of a person with a developmental disability.
Age of family member(s) with disability _____

Describe relationship(s) (Sibling, spouse, etc.) _____

Please specify the developmental disability (or disabilities) for yourself, child or family member:

Have you applied previously to NC Partners in Policymaking? _____ Yes _____ No

If so, when? _____

Have you or a family member participated in Partners in Policymaking in another state? _____ Yes

_____ No If yes, who? _____

Did he or she graduate? _____ Yes _____ NO

North Carolina Partners in Policymaking 2015 Application

Please answer the following questions. If you need additional space for your answers please feel free to make attachments as necessary.

1. Why are you interested in the Partners in Policymaking program?

2. What do you hope to gain from Partners in Policymaking?

3. Is there one specific issue, area of concern, or problem that encourages you to apply to this program?

4. Please describe how disability affects your life, either personally or through a family member with a disability.

5. What types of experiences have you had in advocating for people with developmental disabilities? Please describe in detail, listing efforts in letter-writing, personal advocacy, public testimony, etc.

6. Please tell us about yourself and your family. Please describe how you hope things can/will change for the better because of your participation in Partners.

North Carolina Partners in Policymaking 2015 Application

7. What is your vision for people with disabilities in North Carolina?

8. What services are you or your child currently receiving? (For example: attendant care, respite care, case management, vocational, etc.)

9. Please list memberships in advocacy organizations or civic groups and offices held. (For example: Arc; Board Member, PTA; President, etc.)

Name of Organization

Offices Held & Year Held

10. Please describe what impact you want to make in the community and how you see your self taking what you learn from Partners in Policymaking back to your community.

11. Please list 2 people who know of your interest in disability issues. (For example: employer, teacher, minister, etc.)

A) Name _____
Address _____
City _____
Telephone (____) _____
Daytime Number (____) _____

B) Name _____
Address _____
City _____
Telephone (____) _____
Daytime Number (____) _____

12. How did you learn about Partners in Policymaking?

North Carolina Partners in Policymaking 2015 Application

13. My home town newspaper is (name of publication & city): _____

14. I will need the following accommodations in order to participate in Partners in Policymaking: (For example: direct support assistance, interpreters, respite care, dietary, transportation, respite, etc.)

PERSONAL COMMITMENT

The NC Partners in Policymaking program requires a significant commitment of time and energy. Participation involves attending a two-day training session each month beginning February, 2015 through September, 2015. Each month, homework and activity reports must be completed and submitted at the next session. In addition, each participant must select and complete a public policy project. Please consider the following commitments before completing your application.

15. I am **committed** to attending all eight, two-day sessions: _____ Yes _____ No
16. I understand that attendance is **mandatory**: _____ Yes _____ No
17. I am **committed** to completing monthly homework assignments: _____ Yes _____ No
18. I understand that completing homework assignments is **mandatory**: _____ Yes _____ No
19. I understand that delivering mock testimony is **mandatory**: _____ Yes _____ No
20. I understand that completing a public policy project is **mandatory**: _____ Yes _____ No

Partners in Policymaking is not an entitlement program. Your application for acceptance into this program is highly competitive and spaces are limited. If you are accepted as a participant in the 2015 class of NC Partners in Policymaking, you are expected to attend and actively participate in each and every session, and to complete all mandatory requirements of the program. Failure to fulfill the terms and conditions of this training program will result in your being asked to leave the program.

I have read and understand the foregoing admonishments and agree to govern myself accordingly.

Signature of Applicant _____ **Date:** _____

Thank you for your interest in NC Partners in Policymaking.
Please feel free to share copies of this application with anyone who may be interested.

Partners in Policymaking is funded by the North Carolina Council on Developmental Disabilities.