

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 once a month in February, 2016 and conclude in September, 2016. 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, but are not limited to:

- 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, deliver 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 2016 training session will be held one weekend a month for eight months starting in **February, 2016** and continuing each month through **September, 2016** at held at the **DOUBLETREE HOTEL in Raleigh-CARY, NC** on the following dates:

February 20 & 21

March 5 & 6

April 9 & 10

May 14 & 15

June 4 & 5

July 23 & 24

August 20 & 21

September 10 & 11

What's the Cost? 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. Limited respite care is provided.

Application Deadline: Applications must be postmarked by midnight on **January 18, 2016/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 2016 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

STOP & CONSIDER YOUR PERSONAL COMMITMENT

Before completing this application, please be advised of the following: The Partners in Policymaking program requires a **significant commitment of time and energy**. Participation involves attending 8 two-day training sessions each month beginning February, 2016 through September, 2016. 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. You must ensure that you have arranged for appropriate childcare and your transportation to and from Raleigh for each of the 8 monthly training sessions. Please consider the following commitments before completing your application.

I am **committed** to attending all eight, two-day Sessions: _____ Yes _____ No
I understand that attendance is mandatory: _____ Yes _____ No
I am **committed** to completing monthly homework assignments: _____ Yes _____ No
I understand that completing homework assignments is mandatory: _____ Yes _____ No
I understand that delivering mock testimony is mandatory: _____ Yes _____ No
I understand that completing a public policy project is mandatory: _____ Yes _____ No
I understand that I must secure appropriate, reliable childcare for all 8 Sessions: _____ Yes _____ No
I understand that I must secure my own means of transportation to all 8 Sessions: _____ 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 2016 class of 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 opportunity will result in your being asked to leave the program.

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.) _____

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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

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.

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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.

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.

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

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

12. How did you learn about Partners in Policymaking?

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.)

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 in this valuable training opportunity.

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

