**Member Application Form – Regional Stakeholder Network (RSN)**

The RSN was set up in 2019 by the [Disability Unit](https://www.gov.uk/government/organisations/disability-unit) (DU). Its main purpose is to champion the rights of disabled people. It aims to make sure the voices and views of disabled people across England are at the heart of the work of the UK government.

If you are interested in being part of your local Regional Stakeholder Network, please complete the form below and return it your local network chair. You can [find the chairs’ details by region on GOV.UK](https://www.gov.uk/government/publications/apply-to-join-a-regional-stakeholder-network-for-disabled-people/how-to-apply#contact-details).

**Personal Details**

**Name:** Click or tap here to enter text.

**Organisation (if relevant to the RSN) :** Click or tap here to enter text

**Contact email:** Click or tap here to enter text.

**Telephone number:** Click or tap here to enter text.

**About you**

**Please tell us why you would like to be part of your local Regional Stakeholder Network. This is to help us understand your interest in applying to be a member. You might want to tell us about your own lived experience of disability, or disabled people’s lived experience in your own life.**

Click or tap here to enter text.

**Meetings**

**Are you happy to attend the Network meeting virtually at least once every 3 months?**

Click or tap here to enter text.

**Are you happy to actively participate in the Network electronically or by other means throughout the year?**

Click or tap here to enter text.

**Do you need any communication adjustments when attending a meeting?**

If so, please provide details.

Click or tap here to enter text.

**Do you require any other adjustments when attending a meeting?**

If so, please provide details.

Click or tap here to enter text.

**Do you have any dietary needs if you attend a meeting in person?**

If so, please provide details.

Click or tap here to enter text.

**Data Protection**

We need your permission to use your data so that you can participate as a member of your regional RSN.

**Are you happy for the Disability Unit and/or your Regional Network Chair to keep your details on a database?**

Click or tap here to enter text.

The Disability Unit and your RSN Chair will use email as the primary way of communicating with you. Please let us know if another method of communication is preferred.

**Thank you for your application. We will let you know when we have received it and again once it has been reviewed.**