

Member Application Form – Independent Disability Advisory Panel

1. Information about the Disability Advisory Panel and role

The Department for Work and Pensions is looking to create a Panel to support, advise and connect the Department to the wider disability community as part of efforts to improve how this Government collaborates with Deaf people, disabled people and people with long-term health conditions.

The role of a Panel member will be to attend monthly workshops with policy teams in the Department to collaborate on the design and development of policy through sharing experiences and feedback to help guide recommendations.

This application form is available in the following formats:

- Easy Read
- British Sign Language Video
- Audio file
- Braille
- Welsh Translation

The Department for Work and Pensions is committed to making reasonable adjustments to make sure applicants with disabilities, physical or mental health conditions, or other needs are not substantially disadvantaged when submitting applications.

When you apply you will have the opportunity to request reasonable adjustments to the application process.

2. Criteria we are looking for

We are looking for people who identify as Deaf, disabled or who are living with a long-term health condition and who have the following experience:

- Working or volunteering for a Deaf or Disabled People's Organisation or Charity, or active participation in a health or disability related network, campaign, or research project.
- Existing experience providing strategic advice on matters related to health and disability.
- Strong understanding of the barriers faced by Deaf and disabled people and people living with a long-term health condition in relation to employment, unemployment, and economic inactivity.
- Ability to work effectively with a wide range of people.

Eligibility

This application is open only to individuals who identify as Deaf, disabled, or as having a long-term health condition.

For the purpose of this application, disability is defined under the Equality Act 2010 as a physical or mental impairment that significantly impacts your ability to perform day-to-day activities. This impairment must have lasted, or be expected to last, for at least 12 months.

This application is open to individuals from Great Britain (England, Wales and Scotland)

If you are interested in taking on this role and meet the criteria specified above, please complete this form and return via email to disabilityadvisorypanel.secretariat@dwp.gov.uk by **23:59PM on Monday 29 September 2025**.

Any requests for reasonable adjustments to the application process should also be sent to this email address.

3. Personal Details:

Your full name:

Organisation (if you are a part of one):

Your contact email:

Your telephone number:

4. Details about your experience:

In no more than 500 words, please tell us about your experience relevant to the criteria specified above. It is important to note that additional content over 500 words may not be considered.

If you are submitting your answer as a video, please make sure it is no longer than 10 minutes long.

5. Details on why you want to take part:

In no more than 500 words, please tell us why you would like to be a member of the Disability Advisory Panel.

Please use this to tell us how your lived experience as a Deaf or disabled person, or as someone with a long-term health condition has shaped your perspective.

Please also tell us how you hope to bring this experience to the Panel. It is important to note that additional content over 500 words may not be considered.

If you are submitting your answer as a video, please make sure it is no longer than 10 minutes long.

6. Questions to answer about meetings:

Are you happy to actively participate in Panel activity virtually or in person throughout the year? This includes attending monthly workshops and preparation meetings, offering strategic advice, and working closely with the Panel Chair, DWP secretariat, and policy officials.

What communication support, if any, can we provide when attending meetings, whether in person or virtually?

Do you have access to technology that would allow you to participate in virtual meetings?

What accessibility support, if any, can we provide when attending meetings, whether in person or virtually?

What other adjustments, if any, can we provide to support your membership on this Panel?

7. Questions to answer about data protection:

Are you happy for the Department for Work and Pensions to use your data so that you can participate as a member of the Panel?

The Department for Work and Pensions and the Panel Chair will use email as the primary way of communicating with you. Please let us know if another method of communication is preferred.

Diversity Monitoring Form on next page.

Diversity Monitoring Form

The information in this form is for monitoring purposes only.

Disability

A disability is a physical or mental impairment which impacts substantially on your ability to do day-to-day activities and, which has lasted, or is expected to last for at least 12 months. People with HIV, Cancer and Multiple Sclerosis are deemed to be disabled upon diagnosis.

Do you have a disability, impairment or health condition which affects your day-to-day activities?

Yes

No

Prefer not to say

If the answer is yes, please provide further information about your disability, impairment or health condition.

Age

What is your age?

19 or under

20 to 29

30 to 39

40 to 49

50 to 59

60 to 69

70+

Prefer not to say

Ethnicity

What is your ethnicity?

This may be different to your nationality, place of birth or citizenship.

Asian or Asian British

Asian British

Bangladeshi

Chinese

Indian

Pakistani

Another Asian background, please say what:

Prefer not to say

Black, African, Caribbean or Black British

African

Black British

Caribbean

Another Black, African or Caribbean background, please say what:

Prefer not to say

Mixed or Multiple ethnic groups

Asian and White

Black African and White

Black Caribbean and White

Another Mixed or Multiple ethnic group, please say what:

Prefer not to say

White

English

Gypsy or Irish Traveller

Irish

Northern Irish

Scottish

Welsh

Other European

Another White background, please say what:

Prefer not to say

Another ethnic group

Arab

Another ethnic group, please say what:

Prefer not to say

Religion or belief

What is your religion or belief?

No religion or belief

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

Another religion or belief, please say which:

Prefer not to say

Sex

What is your sex?

Female

Male

Prefer to self describe, please say how:

Prefer not to say

Thank you for your application. We will contact both successful and unsuccessful applicants.

End of form.