



An Roinn Leanaí, Comhionannais,
Míchumais, Lánpháirtíochta agus Óige
Department of Children, Equality,
Disability, Integration and Youth

Disability Stakeholder Group Expression of Interest Form

Expression of
Interest Form

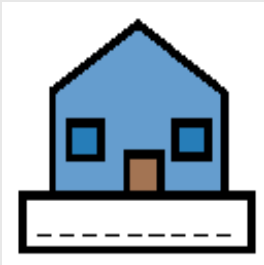


This is an Easy to Read Form.

Part 1 – About You



Name:



Address:



Contact details:
(Your phone number, email address,
website and social media)



Do you want to join the DSG:



As an individual



For an Organisation



For a Disabled Person's Organisation



**DSG number 5 has some spaces.
Would you be available to join this group
until the end of 2021?**



Yes



No

Part 2 – Information



1. Knowledge and Experience

Tell us about your knowledge and experience in the area of disability in Ireland.



Say how it could help the DSG.



2. Working with others

Tell us how you work with different individuals, groups and teams.



3. Expressing your views and opinions and giving feedback.

Tell us how you have shared your views and experiences.



4. Commitment

Tell us how you will give your time and do the work needed for the DSG.



5. More information

Use this space for any more information you would like to give us.

Part 3 – Your Agreement



This is my Expression of Interest.

I am happy to send it to the Department of Children, Equality, Disability, Integration and Youth.



I believe that everything on this form is true.



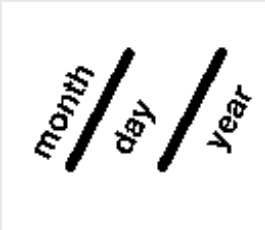
I understand that information in this form may be made available under the Freedom of Information Acts 1997 and 2003.



I know that I might not get chosen to be a member of the DSG.



Signed:



Date: