



ODIHR Advisory Panel on the Political Participation of Persons with Disabilities

Membership Application

In order to apply to join ODIHR's Advisory Panel on the Political Participation of Persons with Disabilities, please complete and submit this form. If available, please include or reference any public documents associated with your work as a disability activist/expert (e.g. news articles, interviews, etc.).

PERSONAL INFORMATION (Please answer each section clearly, completely and use only English transcription)			
Title	First name	Last name	
Gender			
Date of birth (dd.mm.yyyy)		Are you in the process of changing nationalities?	
		<input type="radio"/> Yes <input type="radio"/> No	
Country of birth		Present nationality	
Other nationality			
Address (Street)			Zip/Post Code
Town/City	County/State	Country	
Tel (Work)		Tel (Home)	
Mobile/Cell Phone		E-mail	

LANGUAGE SKILLS				
Language knowledge		What is your mother tongue?		
Other languages		Professional Fluency	Working Knowledge	Limited Knowledge
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Relevant facts about your expertise and participation in promoting the political participation of persons with disabilities (List any facts that will help us understand your engagement in disability inclusion work, such as membership in relevant local, national, regional or international bodies, any publications you have written, statements made, training courses that you have developed and conducted, etc. that should be taken into consideration.)

Please answer the following questions:

1. How has your personal experience impacted your decision to become a leader who advocates for disability inclusion in political and public life?

2. Please briefly describe why you think you are suitable to serve as a member of the Advisory Panel?

--

3. What are some of your ideas for promoting the participation of persons with disabilities in political and public life in the OSCE region?

--

4. Is there anything else you would like to add to your application for membership to the Advisory Panel?

--

I hereby declare that the above statements and information are true to the best of my knowledge and belief, and are made in good faith. I understand that statements or information furnished on this form are subject to verification, including a background check, and I agree to furnish supporting documents or information, if requested and available. I understand that I subject myself to removal of membership or other disciplinary action in the event that the above statements are found to be significantly questionable, incorrect, or falsified.

Print Name:

 Location (City, State):

Signature:

 Date: