

INTRODUCTION
TO
PARTNERS IN POLICYMAKING

How Is Partners in Policymaking Organized?

Partners attend eight, two-day training sessions, in Raleigh, NC. Each session begins at 12:00 p.m. on Saturday and concludes by 3:30 pm on Sunday. National and state leaders in the disability movement present various topics such as:

- History of Disability and the Disability Rights Movement
- Inclusive Education and 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 Current Issues
- State Policy/Service System and Parliamentary Procedures
- Community Organization and Local Advocacy

Attendance of all eight sessions is **mandatory**. Partners are expected to complete assignments between sessions and also commit to one major project after graduation. Examples include: serving an internship with a public official, organizing town meetings, coordinating a parent or self-advocacy network or support group, or arranging program visits for legislators.

When and Where?

Each **2009** session will be held at the Sheraton Raleigh Hotel in Raleigh on the following dates:

February 28 & March 1	June 27 & 28
March 21 & 22	July 25 & 26
April 18 & 19	August 22 & 23
May 16 & 17	September 19 & 20

What's The Cost?

This training program is free to participants selected to attend. This includes registration for eight sessions, lodging, transportation, and meals, all arranged by the Partners in Policymaking staff. Partners in Policymaking is funded by the North Carolina Council on Developmental Disabilities.

Application Deadline: December 31, 2008

Applications must be postmarked by midnight, December 31, 2008

Return to: *Partners in Policymaking: 3801 Lake Boone Trail, Suite 250, Raleigh, NC 27607*
Applications are available on the internet and can be downloaded at www.ncpartnersinpolicymaking.com or www.nc-ddc.org. Please copy and print application and return before December 31, 2008. The Partners application is also available in Spanish, large print or audio tape upon request.

Any questions may be directed to Freida Moore at NC Council on Developmental Disabilities 1-800-357-6916 or 919-420-7901 extension 223 or Freida.Moore@ncmail.net. **Keep this page and mail back the remaining pages to:** *Partners in Policymaking: 3801 Lake Boone Trail, Suite 250, Raleigh, NC 27607*

Application # _____

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OFFICE USE ONLY

North Carolina Partners in Policymaking

Partners in Policymaking is funded by the NC Council on Developmental Disabilities (NCCDD).

2009 APPLICATION

RETURN TO: NC Partners in Policymaking: 3801 Lake Boone Trail, Suite 250, Raleigh, NC 27607

NOTE: This application is available in Braille or on diskette upon request; Contact Freida Moore at NC Council on Developmental Disabilities 1-800-357-6916 or 919-420-7901 extension 223 or email Freida.Moore@ncmail.net. This application is on the Partners website at ncpartnersinpolicymaking.com.

Name: _____

Address: _____

City: _____ County: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____

Date of Birth: _____ Age: _____

Occupation: _____

Marital Status: _____

Electronic Mail Address: _____

_____ Male _____ Female

_____ Caucasian _____ African American _____ Latin American _____ Native American

_____ Asian-Pacific _____ Other Origin: _____

What Language(s) do you speak: _____?

PLEASE COMPLETE ONE OF THE FOLLOWING THREE CHOICES:

_____ 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.) _____

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

North Carolina Partners In Policymaking

Please answer all questions to follow that are applicable to you. 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.

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.

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.) _____

PERSONAL COMMITMENT

The Partners in Policymaking project requires a significant commitment of time and energy. Participation involves a two-day program per month from February 2009 to September 2009. Each month, homework and activity reports are required to be completed and submitted at the next session. In addition, each participant must select a major project to complete during the course of the year. Please consider your commitment to this project before applying.

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| 15. I am committed to attending eight, two-day sessions: | _____ Yes _____ No |
| 16. I understand that attendance is mandatory : | _____ Yes _____ No |
| 17. I am committed to completing monthly homework assignments: | _____ Yes _____ No |
| 18. I understand that completing homework assignments is mandatory : | _____ Yes _____ No |
| 19. I am willing to complete one major project (internship for a public official, letter-writing campaign, research paper, etc.): | _____ Yes _____ No |
| 20. I understand that completing the major project is mandatory : | _____ Yes _____ No |

Signature of Applicant _____ **Date:** _____

RETURN BY December 31, 2008 TO:

NC Partners in Policymaking, 3801 Lake Boone Trail, Suite 250, Raleigh, NC 27607

Thank you for your interest in Partners in Policymaking. Please feel free to share copies of this application with anyone who may be interested.