**Torbay Autism Partnership Board**

**Ambassador Application Form**

Please note you must be over 18 years of age to apply

**Name**

Text Box

**Date of Birth**

Text Box

**Address**

Text Box

**Telephone Number**

Text Box

**Email Address**

Text Box

**Work History (last 5 years)**

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation | Dates of Employment | | Job Role |
|  | From | To |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**You do not need qualifications to be an Ambassador but if you have any, let us know:**

|  |  |
| --- | --- |
| Qualifications | Date Achieved |
|  |  |
|  |  |
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|  |  |

**Please tell us why you would like to be an ambassador for the Autism Partnership Board? (If you feel you would like to add further information, please use an additional sheet)**

Text Box

**Do you have any experience of listening to others or speaking up for yourself or other people? (If you feel you would like to add further information, please use an additional sheet)**

Text Box

**What do you think needs to change for people with autism? (If you feel you would like to add further information, please use an additional sheet)**

Text Box

**Please tell us what your interests are: (If you feel you would like to add further information, please use an additional sheet)**

Text Box

**There will be support i.e. funding for public transport to get to meetings and also support before and after meetings.  Please tell us what extra support you might need to be an ambassador?  We expect the meetings to be a mixture of both online and face to face.  (If you feel you would like to add further information, please use and additional sheet)**

Text Box

**If you have any questions about the role of an ambassador and would like to talk to someone, please ring Trish Darke on 07377 930981**

**Please return the completed application form to** [**commissioning@torbay.gov.uk**](mailto:commissioning@torbay.gov.uk) **or Torbay Council F.A.O Savana Guy, 1st Floor North, Tor Hill House, Torquay, TQ2 5QW**