



# The Advocacy Fellows Application Form



**Name** \_\_\_\_\_



**Age** \_\_\_\_\_



**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Do you agree to be part of The Advocacy Fellows Podcast?**



**Are you happy for Disability Cornwall to use pictures of you in any promotional material?**

**Please post the completed form to:**



**Marie Whitehurst  
Moment Maker  
Unit 1G  
Guildford Road  
Hayle  
TR27 4QZ**



**or email the completed form to:**

**[marie@disabilitycornwall.org.uk](mailto:marie@disabilitycornwall.org.uk)**