



# The Advocacy Fellows Application Form



Name

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Age

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Address

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Phone  
number

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Email

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**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/H  
Guildford Road Industrial Estate  
Hayle  
TR27 4QZ**



**or email the completed form to:**

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