



# The Advocacy Fellows

## Application Form



**Name**



**Age**



**Address**



**Phone number**



**Email**



**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**