

Disabled People Employment Champion

Expression of Interest Form



Name:

Address:

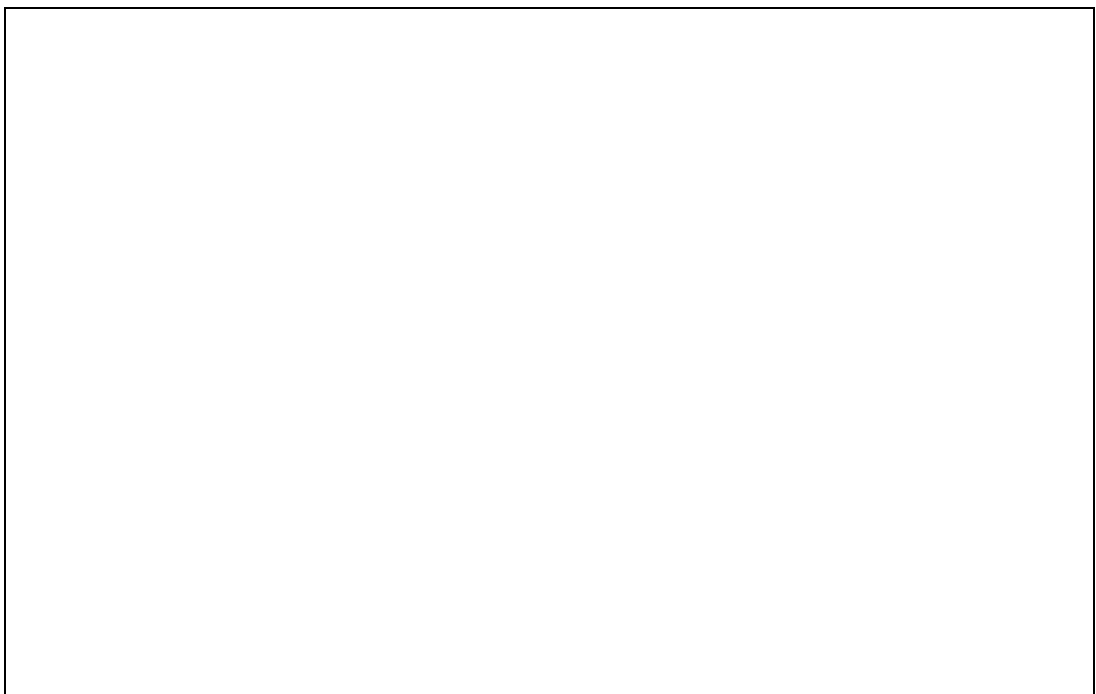
Phone:

Email:

- 1. What experience do you have about the problems disabled people face with employment and what do you know about the relevant laws?**



- 2. How will you develop good relationships with relevant people?**



3. **What skills and experience do you have to influence others and make changes?**

