

Adults Council

Application Form

All applicants will be considered, however not all applicants will be selected due number limitations. Please answer all questions as fully as you can and return to the address listed at the end of the form.

1. Why do you want to be a member of the CLAPA Adults Council?

2. What skills do you think you will bring to the role?

3. What do you think adults with a cleft lip and/or palate need from CLAPA's services? What issues do you think they might be important to them?

4. What skills do you think are needed to be a team player whilst also getting the Councils views across to the adults born with cleft lip &/or palate that you represent?

Can you commit to attending at least two council meetings per year?
(There will be approximately 4 meetings called per year in different UK locations)

Yes No

Which Cleft clinic (if any) do you attend?

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Please return to the following address;

Sue Carroll, Deputy Chief Executive, Cleft Lip and Palate Association, FREEPOST
NAT7066, LONDON, EC1V 1BR

OR Fax to 0207 833 5999 OR email to sue.carroll@clapa.com