

APPLICATION FORM

Youth with Disabilities Regional Platform **YOUTH CORD** (Creating Opportunities Regionally for Disability)

 Deadline for Submission: 15.06.2025.

 Submit to: youthcord.network@gmail.com

Section 1: Organization Information

1. **Organization Name:**
2. **Country & Region of Operation:**
3. **Year of Establishment:**
4. **Website/social media (if applicable):**
5. **Contact Person:**
 - Name:
 - Position:
 - Email:
 - Phone Number:

Section 2: Organizational Mission & Experience

1. **Briefly describe your organization's mission and objectives.**
2. **How does your organization support youth with disabilities?**
3. **Provide examples of past projects, programs, or advocacy initiatives related to disability inclusion.**
4. **Describe how your organization engages youth with disabilities in leadership or decision-making.**

Section 3: Interest & Commitment

1. **Please describe your interest in joining this regional network and explain how you plan to contribute to its activities and goals. What motivates your commitment to being an active member?**
2. **Do you have representatives, including youth with disabilities, who can engage in platform activities? (Yes/No)**

Section 4: Additional Information

1. Are you part of any special partnerships or networks related to disability inclusion?
2. Are there any specific challenges your organization faces in disability advocacy?
3. Any other relevant information you'd like to share?

Consent:

☒ I confirm that the information provided is accurate and that my organization is committed to advancing the inclusion and rights of youth with disabilities.

Signature: _____

Date: _____