



## **Application for DbI Network Approval**

Networks are recognised as one of the core activities of Deafblind International (DbI). In the constitution, one of the stated objects of DbI is to stimulate the development of networks of specialised professionals collaborating to benefit people with deafblindness and their families. DbI explicitly values diverse, equitable and inclusive network membership and particularly diversity of perspective with relation to deafblindness.

According to Article 8 within the constitution, "Networks are international groups of individual members and/or organisations, schools and institutions admitted by the Board from at least three countries that are mutually connected by language, culture, geographic location, or objects, and satisfy criteria to be determined by the Board".

Networks are expected to:

- Be in support of the objectives of DbI
- Have membership from at least three (3) countries (constitutional requirement)
- Have a written terms of reference/Network Mandate
- Ensure that all members of the Network are individual members of DbI
- Have a Network leadership team of at least three (3) persons: Network Leader, a Vice Network Leader, and someone responsible for social media
- Be willing to contribute to DbI's website, specifically on the Network's page as the main point of information, including managing and updating on a regular basis
- Participate in Network meetings every three months as led by the Network Coordinator
- Follow DbI's Branding Guidelines
- Provide a submission to DbI Review at least once per year

Please provide the following information and answers to questions in order to have your proposed Network considered for approval. The same information should be provided in updating reports.

Proposed Network name: \_\_\_\_\_

The proposed Network must have membership from at least three (3) countries.  
Please list the three countries below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Proposed Network Leader Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Proposed Vice Network Leader: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Proposed Social Media Contact: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Terms of Reference/Network Mandate (what your Network expects to achieve)\*:

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Proposed Work Plan for the next 12 months\*:

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\*If preferred, these two items may be attached as separate documents.

**When completed please return this form to the Network Coordinator:  
Trees van Nunen-Schrauwen - [T.vanNunen@kentalis.nl](mailto:T.vanNunen@kentalis.nl)**

Date submitted: \_\_\_\_\_

Date reviewed by ManCom: \_\_\_\_\_

Date approved by Board: \_\_\_\_\_

Date confirmed by Annual Meeting: \_\_\_\_\_