

# Enabling Women Leadership Program Colac

## Participant Application Form

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The Enabling Women Leadership Program is for women and gender diverse people, comfortable in a women's centred space.

### **The participant:**

- lives with disability (physical, sensory, intellectual, cognitive, etc.),
- is Deaf / deaf / hard of hearing,
- who lives with chronic illness, and/or pain,
- is neurodiverse, e.g. autistic; or
- lives with mental health challenges

**The participant must live, work, play or frequent the Colac Otway Region.**

**Covid-19 Update:** Please note due to the ongoing impact of Covid-19 the Program sessions will begin online via Zoom.

If Government restrictions permit and if Program participants choose, we will look for opportunities to meet face to face.

### **Do you need help to fill out this form?**

If you would like help to fill out this form, please contact Brigitte Stone on **(03) 9286 7805** or [brigitte.stone@wdv.org.au](mailto:brigitte.stone@wdv.org.au)

There is also an Easy Read version of this Application Form available at [wdv.org.au](http://wdv.org.au)

If you are using a computer to fill out this form, you can select the boxes by clicking or using the spacebar on the keyboard.

## Your details

| Information required  | Your response   |
|---|---|
| <b>First name:</b>  |   |
| <b>Family name:</b>   |   |
| <b>Pronouns:</b>  | <input type="checkbox"/> She/Her<br><input type="checkbox"/> They/them<br><input type="checkbox"/> He/Him<br><input type="checkbox"/> Ze/Hir<br><input type="checkbox"/> Name only<br><input type="checkbox"/> Choose not to disclose |
| <b>Postal address:</b>  |   |
| <b>Suburb:</b>  |   |
| <b>State:</b>   |   |
| <b>Postcode:</b>  |   |
| <b>Best contact number:</b>                                     |   |
| <b>Email:</b>   |   |
| <b>Do you identify as Aboriginal or Torres Strait Islander?</b> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Both<br><input type="checkbox"/> Prefer not to say  |

## Questions about you

| Information required   | Your response   |
|--|---|
| <b>1. What are your passions and interests?</b>  |   |
| <b>2. Why are you interested in doing this program?</b>  |   |
| <b>3. a. Thinking about your gender and disability, what things may stop you from joining in activities in life?</b> | Please specify if comfortable:                              |
| <b>b. Have you been able to overcome this?</b>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>c. If yes, what did you do?</b>   |   |

| Information required  | Your response |
|---|---------------|
| <p><b>4. What connections do you have with Colac?</b><br/>Some examples may include where you live, work, study, volunteer, or being a member of a club, church, support group, or even a long-term customer at local shops</p> |               |
| <p><b>5. a. What groups are you currently, or have you previously, been a part of?</b> An example may be a Self-Advocacy Group.</p>   |               |
| <p><b>b. What did you do as a member of these groups?</b></p>   |               |
| <p><b>6. How did you hear about the Program?</b></p>  |               |

**To participate in the Program online:**

| Requirement  | Please tick   |
|--|---|
| <b>Do you have access to a computer with internet capability at home?</b>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| <b>Is the internet reliable?</b>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Sometimes   |
| <b>If you do not have a computer with home internet, would you be interested in having one provided to you for the Program?</b>                                      | <input type="checkbox"/> Yes<br><input type="checkbox"/> Yes -with support  |
| <b>To enable you to participate in online meetings, does your computer include:</b>  | <input type="checkbox"/> Microphone<br><input type="checkbox"/> Webcam<br><input type="checkbox"/> Speaker<br><input type="checkbox"/> Headphones                 |
| <b>Have you done an online video meeting before?</b>   | <input type="checkbox"/> Yes - Zoom<br><input type="checkbox"/> Yes - Teams<br><input type="checkbox"/> Other -please specify:<br><br><input type="checkbox"/> No |
| <b>If no, would you be interested in being supported to use Zoom?</b>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| <b>At times we may talk about confronting topics (like gendered violence).</b><br><br><b>a. Do you feel comfortable participating in the Program from your home?</b> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| <b>b. Do you have a private place to participate in the Program at your home?</b>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |

**Are there any access requirements you may need to support you participating in the Program from home?**

| <b>Requirement</b>   | <b>Please tick</b>       |
|--|--------------------------|
| <b>Attendant care</b>  | <input type="checkbox"/> |
| <b>Note-taker</b>  | <input type="checkbox"/> |
| <b>Interpreter</b>   | <input type="checkbox"/> |
| <b>Information in alternative formats</b><br><b>Which formats:</b> | <input type="checkbox"/> |
| <b>Dietary requirements</b><br><b>Please advise:</b>               | <input type="checkbox"/> |
| <b>Other:</b>  | <input type="checkbox"/> |

**The Community’s health and safety is our priority. To manage the impact of Covid-19, lockdowns, and Government Guidelines, all those involved with the Program may be required to participate in the following if/when we are able to meet face to face:**

\*Note we respect that some people with disability may have conditions that impact their participation for one or all these actions. Answering the below questions will not influence your eligibility for the Program. We will endeavour to work with all participant’s needs and comfort as best we can whilst maintaining overall health and safety.

| Requirement  | Please tick   |
|--|---|
| <b>Wear a mask</b>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> Yes -with support<br><input type="checkbox"/> No – I have an exemption   |
| <b>Register in person via QR code</b>                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> Yes -with support<br><input type="checkbox"/> No – I do not have a mobile phone or device compatible with QR codes |
| <b>Use hand sanitiser</b>                                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> Yes -with support<br><input type="checkbox"/> No – I have an exemption   |
| <b>Sanitise working space and tools</b>                      | <input type="checkbox"/> Yes<br><input type="checkbox"/> Yes -with support<br><input type="checkbox"/> No – I have an exemption   |
| <b>Socially distance</b>                                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> Yes -with support<br><input type="checkbox"/> No – I have an exemption   |
| <b>Follow additional Covid safe guidelines as they arise</b> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |

## Dates

**The Program, including the Graduation, will take place over 9 weeks.**

**Each session will run from 10am – 2pm. With lots of breaks and time for lunch.**

Due to the uncertainty of event scheduling because of Covid-19 we are asking potential participants to identify their availability for an extended period over the next few months. This will allow us some flexibility in ensuring the best and safest Program delivery for everyone involved.

Please note, we understand the details of your availability may change from now until the Program starts and that is ok.

Will you be available on:

| Dates                        | Please tick if you are available |
|------------------------------|----------------------------------|
| <b>Thursday September 23</b> | <input type="checkbox"/>         |
| <b>Thursday September 30</b> | <input type="checkbox"/>         |
| <b>Thursday October 7</b>    | <input type="checkbox"/>         |
| <b>Thursday October 14</b>   | <input type="checkbox"/>         |
| <b>Thursday October 21</b>   | <input type="checkbox"/>         |
| <b>Thursday October 28</b>   | <input type="checkbox"/>         |
| <b>Thursday November 04</b>  | <input type="checkbox"/>         |
| <b>Thursday November 11</b>  | <input type="checkbox"/>         |
| <b>Thursday November 18</b>  | <input type="checkbox"/>         |
| <b>Thursday November 25</b>  | <input type="checkbox"/>         |
| <b>Thursday December 02</b>  | <input type="checkbox"/>         |

WDV aims to create a culturally safe space for participants with wide ranging experiences and knowledge, actively seeking and encouraging engagement from people with diverse backgrounds, including people from LGBTQIA+, CALD, and Aboriginal/Torres Strait Islander communities.

Further acknowledging the overrepresentation of women and gender diverse people with disability who will experience violence throughout their lifetimes, WDV approaches each program with a trauma informed lens and mindful consideration. Access Keys and Content Warnings will be provided ahead of the sessions.

**For more information on how we can support your participation please let us know.**

*Funded by the Australian Government Department of Social Services*