

Warrnambool, Port Fairy and the South West

The Enabling Women Leadership Program



Women with Disabilities Victoria

(WDV) is an organisation run for and by women and non-binary people with all kinds of disabilities.



Our members are people of all ages, backgrounds and lifestyles. We are a proud LGBTIQ+ ally. We strive to be a safe and inclusive service for all women and non-binary people.



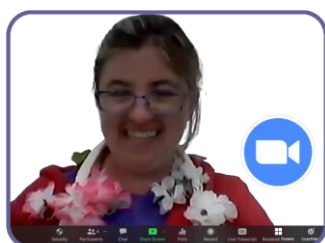
We advocate for our right to safety and respect with a focus on empowerment and leadership.

In **The Enabling Women Leadership Program (the Program)** we look at what it means to be a leader for women and non-binary people with disability.





Program days and times will be decided when we know what everyone's availability is.



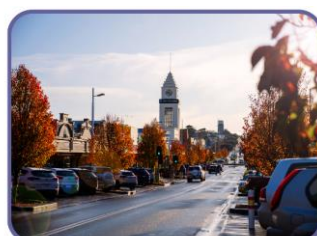
It will be delivered online via Zoom – but we will make it personal and fun. With lots of breaks.



We will be looking for up to 12 participants to do the Program.



In early 2023, we will have a Graduation where friends and families can help us celebrate.



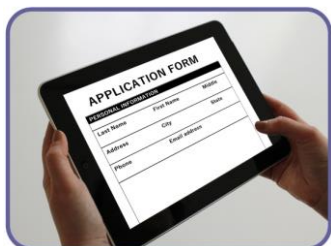
This year the Program will be for women and non-binary people with disability in Port Fairy, Warrnambool and the State's South West.



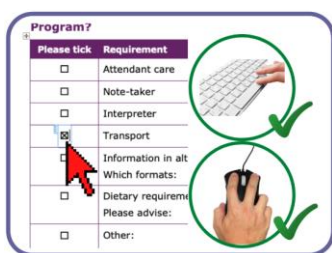
Participants Application Form



To do the Enabling Women Leadership Program you will need to fill out this **Application Form**.



You can fill out the information on your computer, phone or tablet.



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

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



Or you can print out the form and write your answers in by hand and send it to us.



Or ask Bridget at WDV for help.

Call Bridget on (03) 9286 78013 or **email** bridget.jolley@wdv.org.au



Your Details

***Optional** – only answer if you want to

First Name:



Family Name:

Pronouns:

☐ She/Her

***Optional** ☐ They/Them

☐ He/Him

☐ Other

☐ Prefer not to say



*For example: if someone is talking about you, would you like them to say "**she** is or **they** are doing the Program"? You can choose more than one if that is right for you.*

**Do you identify
as Aboriginal or
Torres Strait
Islander?**

☐ Yes – Torres Strait
Islander

☐ Yes – Aboriginal

☐ Both

***Optional** ☐ No

☐ Prefer not to say





Postal Address:



Postcode:

Suburb:



Email Address:










Phone Number:

Questions about you

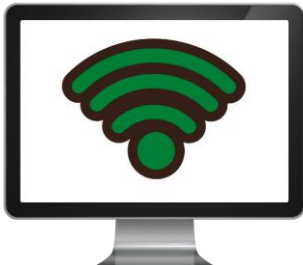






Put your answer in the column next to the question.




| Question | Your Answer |
|---|---|
| <p>1. What do you do for fun?</p>  | <p><i>Examples: playing music, sport or watching TV</i></p> |
| <p>2. Why do you want to do the Enabling Women Program?</p>  | <p><i>Examples: to be more empowered or to meet new people</i></p> |
| <p>3. What links do you have with the South West Region?</p>  | <p><i>Examples: you live, work, study or have friends here.</i></p> |

| Question | Your Answer |
|--|---|
| <p>4. a. Has anything stopped you from joining in the activities you want?</p>  | <p><i>Example: feeling like you are not welcome.</i></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> |
| <p>b. If you answered yes, do you think this was worse because of your disability?</p>  | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> |
| <p>c. Did you get through the problem?</p>  | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> |
| <p>d. If yes, what did you do?</p>  | <p><i>Example: Telling someone no.</i></p> |


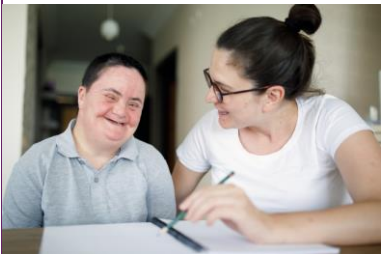


| Question | Your Answer |
|---|---|
| <p>5. a. Are you a member of any groups?</p>  | <p><i>Example: Self-Advocacy Group</i></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> |
| <p>b. What did you do as a member of these groups?</p>  | <p><i>Example: Writing letters to the local council or art projects.</i></p> |
| <p>6. How did you hear about the Enabling Women Program?</p>  | <p><i>Example: Facebook or the WDV Newsletter</i></p> |






To do the Program online:

| Requirement | | Please tick |
|--|--|---|
| Do you have a computer with the internet at home? |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the internet work well? |   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| If you do not have a computer with the internet, would you like to borrow one? |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your computer have: |  | <input type="checkbox"/> Microphone <input type="checkbox"/> Headphones <input type="checkbox"/> Speaker <input type="checkbox"/> Webcam |
| Have you done an online video meeting before? |  | <input type="checkbox"/> No <input type="checkbox"/> Yes - Zoom <input type="checkbox"/> Yes - Other |

| Requirement | Please tick |
|--|--|
| <p>If no, would you like help to use Zoom?</p>  | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> |
| <p>At times we may talk about hard topics, like violence and safety</p> | |
| <p>Do you feel comfortable doing the Program from your home?</p>  | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> |
| <p>Do you have a safe place at home to be alone to do the Program?</p>  | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> |

Are there any access needs you have to support you to do the Program from home?

| Requirement | Please tick |
|--|--|
|  Attendant care | <input type="checkbox"/> Tell us more: |
|  Note-taker <i>Someone to help write down your thoughts and information you may want to remember from the Program.</i> | <input type="checkbox"/> Tell us more: |
|  Interpreter | <input type="checkbox"/> Tell us more: |
|  Information in alternative formats | <input type="checkbox"/> Tell us more: <i>Example: Easy Read</i> |

| Requirement | Please tick |
|--|--|
|   Dietary requirements   | <input type="checkbox"/> Tell us more: <i>Example: Vegan, Soft Food or Halal</i> |
|  Transport | <input type="checkbox"/> Tell us more: |
| Other: | <input type="checkbox"/> |

Supported by the Enabling Women
Local Reference Group:



WARRNAMBOOL
CITY COUNCIL



Funded by the Australian Government Department of Social Services.

