



# Enabling Young Women Leadership Program Application form



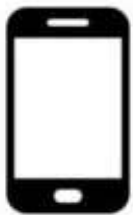
## Introduction



Do you want help understanding this document in another language?



Contact Cindy Marshall from Cultura.



- Phone: (03) 4210 0000
- Email: [cindy.marshall@diversitat.org.au](mailto:cindy.marshall@diversitat.org.au)



**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 space and to include all women and non-binary people with disabilities.



We focus on our right to safety and respect. This includes being able to speak up for ourselves and be leaders.



In **The Enabling Young Women Leadership Program (also known as the Program)** we look at what it means to be a leader for women and non-binary youth with disability. (Aged 18-25 years). We do this in fun and meaningful ways.



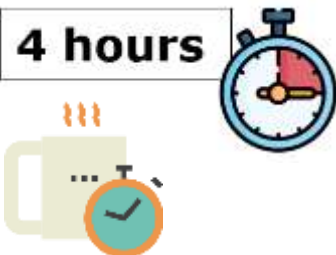
The Program will be on Zoom.  
We will make it personal and fun.

**7x**



There will be 7 Program sessions.

**4 hours**



Each session will be 4 hours long  
With lots of breaks.





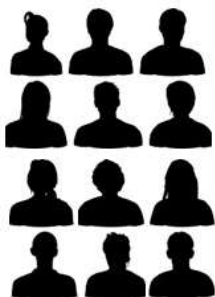
The exact days and times of the Program will be confirmed when people have told us what times they can attend.



The Program will begin in August.



The Program will finish with a Graduation celebration.



The Program will have upto 12 participants.





During the Program, participants will work with a mentor.



Mentors can help people achieve a goal



The Program is open to:



- Women and non-binary youth,



- who are aged 18-25 years,



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



- and who lives, works, studies, volunteers or plays in the state of Victoria.



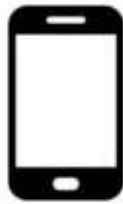
Do you want more information, or help to apply?



Go to [WDV's website](#).



Or, you can contact Bridget Jolley at WDV.



Phone: 03 9286 7813



Email: [bridget.jolley@wdv.org.au](mailto:bridget.jolley@wdv.org.au)



## Completing the Application Form



To take part in the Enabling Young Women Leadership Program you will need to fill out this **Application Form**.



You can ask someone you trust to help complete and send the form.



You can also contact Bridget Jolley at WDV for help.

- Phone: 03 9286 7813
- Email: [bridget.jolley@wdv.org.au](mailto:bridget.jolley@wdv.org.au)







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



Or, you can print the form and fill it out by hand.



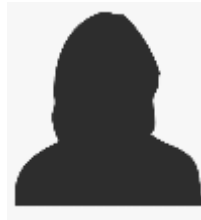
If you are using a computer to fill out this form, you can click the mouse or use the spacebar button to select the check boxes.



You need to email the completed form to [bridget.jolley@wdv.org.au](mailto:bridget.jolley@wdv.org.au).











# Application Form




## Your Details



**\*Optional\*** = only answer if you want to




| Information required   | Your response   |
|--|---|
|  <p><b>First and last name</b></p>            |   |
|  <p><b>Pronouns</b><br/><b>*Optional*</b></p> | <p>Example: <i>Would you like people to refer to you and say “she”, “they”, “he”, or something else.</i></p> <p><input type="checkbox"/> She/Her</p> <p><input type="checkbox"/> They/Them</p> <p><input type="checkbox"/> He/Him</p> <p><input type="checkbox"/> Prefer not to say</p> <p><input type="checkbox"/> Something else (Please tell us)</p> |




| Information required  | Your response  |
|---|--|
|  <p><b>Year of birth</b></p>   |  |
|  <p><b>Street Address</b></p>  |  |
|  <p><b>Suburb<br/>and<br/>Postcode</b></p>                                   |  |
|  <p><b>Best contact phone<br/>number</b></p>                               |  |
|  <p><b>Email address</b></p>   |  |
|  <p><b>Do you speak a<br/>language other than<br/>English at home?</b></p> | <input type="checkbox"/> Yes – what language/s?<br><br><input type="checkbox"/> No |

| Information required  | Your response   |
|---|---|
|  <p><b>Do you identify as Aboriginal and/or Torres Strait Islander?</b></p> <p><b>*Optional*</b></p> | <input type="checkbox"/> Yes – Aboriginal<br><input type="checkbox"/> Yes – Torres Strait Islander<br><input type="checkbox"/> No<br><input type="checkbox"/> Prefer not to say |




## Questions about you





| Information required   | Your response |
|--|---------------|
|  <p><b>1. What do you do for fun?</b></p>                       |               |
|  <p><b>2. Why are you interested in doing this Program?</b></p> |               |

| Information required  | Your response   |
|---|---|
|  <p><b>3. Has anything stopped you from doing the activities you want to? Particularly because of your age, gender, or disability?</b></p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not sure</p> <p>If yes, what sort of things?<br/>Examples, feeling left out, or not being able to get to places.</p> |
|  <p><b>4. Did you get through the problem? If yes, how?</b></p>  | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not sure</p> <p>If yes, how?</p>   |
|  <p><b>5. What connection do you have Victoria? E.g. live, study, work, etc.</b></p>   | <p>Examples: Live in Anglesea, study in Melbourne, grew up in Gippsland.</p>  |


| Information required   | Your response   |
|--|---|
|  <p><b>6. Are you currently, or in the past, a member of any groups?<br/>What groups?</b></p> | <p>Examples: advocacy group, sporting club, youth group, etc.</p>                           |
|  <p><b>7. What did you do as a member of these groups?</b></p>                               | <p>Examples: We met socially, or I chaired meetings where we made decisions as a group.</p> |
|  <p><b>8. How did you hear about the Enabling Young Women Leadership Program?</b></p>       |   |

# Participation Questions

| Information required  | Your response   |
|---|---|
|  <p>1. Do you have a computer or tablet with internet at home?</p>   | <p><input type="checkbox"/> Yes – computer</p> <p><input type="checkbox"/> Yes – tablet</p> <p><input type="checkbox"/> No</p>                            |
|  <p>2. Does the internet work well?</p>   | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Not sure</p> |
|  <p>3. If you <u>do not</u> have a computer or tablet, with good internet, would you like to borrow something?</p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not sure</p>   |

| Information required  | Your response   |
|---|---|
|  <p><b>4. Have you done an online video meeting before?</b></p>                          | <input type="checkbox"/> Yes - Zoom<br><input type="checkbox"/> Yes – Other. What did you use?<br><input type="checkbox"/> No                     |
|  <p><b>5. Would you like any help to use Zoom?</b></p>                                   | <input type="checkbox"/> Yes – Please tell us in what ways?<br><input type="checkbox"/> No<br><input type="checkbox"/> Not sure                   |
|  <p><b>6. If you have a computer, can you use these things with your computer?</b></p> | <input type="checkbox"/> Microphone<br><input type="checkbox"/> Headphones<br><input type="checkbox"/> Speaker<br><input type="checkbox"/> Webcam |
|  <p><b>7. Do you have a safe place at home to be alone and do the Program?</b></p>     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not sure  |





| Information required  | Your response  |
|---|--|
|  <p><b>8. Do you feel comfortable doing the Program at home?</b></p> | <p>For example, you may not feel safe or comfortable being by yourself, or if other people are nearby.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not sure</p> |



## Access and Supports

Are there any access needs or supports that could help you to fully participate?

If you may need one of these supports, please tick the box and provide more information.

| Information required   | Your response   |
|--|---|
|  <p><b>1. Attendant care</b><br/>To help with eating and going to the bathroom.</p> | <p>To help with eating, going to the bathroom, etc.</p> <p><input type="checkbox"/> Yes - Tell us more:</p> |

| Information required  | Your response   |
|---|---|
|  <p><b>2. Note-taker</b></p>                 | <p>To help take notes of what's said, your ideas, etc.</p> <p><input type="checkbox"/> Yes - Tell us more:</p>    |
|  <p><b>3. Interpreter</b></p>                | <p><input type="checkbox"/> Yes - Tell us more:</p>   |
|  <p><b>4. Information in other ways</b></p> | <p>Examples: Examples: Easy English, braille, audio, etc.</p> <p><input type="checkbox"/> Yes - Tell us more:</p> |
|  <p><b>5. Dietary requirements</b></p>     | <p>Examples: Vegan, Halal, or soft foods, etc.</p> <p><input type="checkbox"/> Yes - Tell us more:</p>            |

| Information required   | Your response   |
|--|---|
|  <p><b>6. Transport</b></p>   | <p>For if we ever meet in person.</p> <p><input type="checkbox"/> Yes - Tell us more:</p> |
|  <p><b>7. Other</b></p> <p>What else could help you to participate?</p> | <p><input type="checkbox"/> Yes - Tell us more:</p>                                       |