



## *Participant Application Form*

### *Enabling Young Women Leadership Program*

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#### **Information**

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 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.

The Enabling Young Women Leadership Program (the Program) is a community-based Program, where we explore leadership in fun and meaningful ways.

The program is open to:

- women and non-binary youth, who are
- aged 18-25 years, who
- live, work, or play in the state of Victoria, and
- 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.

The Program will be delivered online via Zoom, with a group of upto 12 participants – but we will make it personal and fun.

There will be 7 weekly program sessions that will run for 4 hours each - including lots of breaks. The sessions will start in August 2023.

The exact days and times of Program sessions and the Graduation will be confirmed when we know everyone's availability.

Afterwards, we will have a Graduation event to celebrate your success of completing the program.

Throughout the Program you will also work with a mentor, to help support you achieve a leadership goal.

## Application form

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

If you would like more information, or help to fill out this form, please contact Bridget Jolley from WDV:

Phone: (03) 9286 7813

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

If you need help to fill out this form in another language, please contact Cindy Marshall from Cultura:

Phone: (03) 4210 0000

Email: [cindy.marshall@diversitat.org.au](mailto:cindy.marshall@diversitat.org.au)

There is also an Easy Read version of this Application Form available on [our website](#) or call Bridget on 03 9286 7813.

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>*Optional* Pronouns:</b> <i>For example she/her or they/them</i>	
<b>Year of birth:</b>	
<b>Postal address:</b>	
<b>Suburb:</b>	
<b>Postcode:</b>	
<b>Best contact number:</b>	
<b>Email:</b>	
<b>*Optional* Do you identify as Aboriginal and/or Torres Strait Islander?</b>	<input type="checkbox"/> Yes – Aboriginal <input type="checkbox"/> Yes – Torres Strait Islander <input type="checkbox"/> No
<b>Do you speak a language other than English at home?</b>	<input type="checkbox"/> Yes – what language/s? <input type="checkbox"/> No

## 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 age, gender and disability, what things may stop you from joining in activities in life?</b>	
<b>3 b. Have you been able to overcome this?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3 c. If yes, what did you do?</b>	

Information required	Your response
<p><b>4. What connections do you have with the state of Victoria?</b> Some examples include where you live, work, study, volunteer, or visit.</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>5 b. What did you do as a member of these groups?</b></p>	
<p><b>6. How did you hear about the Enabling Young Women Leadership Program?</b></p>	

## Participation questions

Requirement	Your Response
<b>1. Do you have access to a computer or tablet, with internet at home?</b>	<input type="checkbox"/> Yes – computer <input type="checkbox"/> Yes – tablet <input type="checkbox"/> No
<b>2. Is the internet connection reliable?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
<b>3. 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 <input type="checkbox"/> Yes – with support <input type="checkbox"/> No
<b>4. If you have a computer, does it include these things?</b>	<input type="checkbox"/> Microphone <input type="checkbox"/> Webcam <input type="checkbox"/> Speaker <input type="checkbox"/> Headphones
<b>5. Have you done an online video meeting before?</b>	<input type="checkbox"/> Yes - Zoom <input type="checkbox"/> Other – what did you use?  <input type="checkbox"/> No

Requirement	Your Response
<p><b>6. Would you like any help to use Zoom?</b></p>	<p><input type="checkbox"/> Yes – please tell us in what ways?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not sure</p>
<p><b>At times we may talk about confronting topics (like gender based violence).</b></p> <p><b>7 a. Do you feel comfortable participating in the Program from your home?</b></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not sure</p>
<p><b>7 b. Do you have a private place to participate in the Program at your home?</b></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not sure</p>
<p><b>8. What days of the week are you usually free?</b></p>	<p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday</p> <p><input type="checkbox"/> Friday</p>
<p><b>8. Are there any dates you know you are unavailable.</b> For example, I'm busy with uni from Aug 15<sup>th</sup>, or I'm away from Sep 1<sup>st</sup> – Sep 15<sup>th</sup>,</p>	

## Support and access

Requirement	Your Response
<b>Are there any access requirements, or supports that may help you to fully participate?</b>	If you think you may need one of these supports, please tick the box and provide more information if requested.
<b>Attendant care</b>	<input type="checkbox"/>
<b>Note-taker</b>	<input type="checkbox"/>
<b>Interpreter</b>	<input type="checkbox"/> If yes, what language?
<b>Information in alternative formats</b>	<input type="checkbox"/> If yes, what formats?
<b>Dietary requirements</b>	<input type="checkbox"/> If yes, what requirements?
<b>Do you have any other access or participation requirements?</b>	<input type="checkbox"/> If yes, what requirements?