



# Information and Application Form

**The Victorian**

**Enabling Women Leadership Program**

**Autumn, 2025**



## Information and help to apply

Do you want more information, or help to apply?



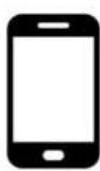
1. Go to [WDV's website](#)

Or

2. You can contact **Bridget at WDV.**

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

Phone: 03 9286 7813



## PART A:

# Introduction to the Enabling Women Leadership Program



**Women with Disabilities Victoria (WDV)** is an organisation run for and by women and gender diverse people with all kinds of disabilities.



Our members are people of all ages, backgrounds and lifestyles.

We are a proud LGBTIQ+ ally.

We want to be a safe space and to include all women and gender diverse people with disabilities.



We focus on rights to safety and respect.

This includes being able to speak up for ourselves and being leaders.



In **The Enabling Women Leadership Program** (also known as the Program) women and gender diverse people with disability learn how to become stronger leaders.



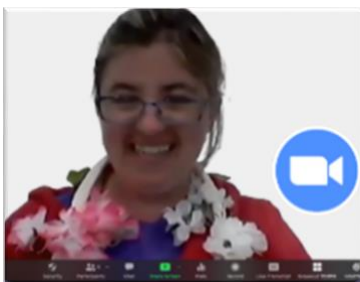
We do this in fun and meaningful ways.



The Program will be **hybrid**.

This means you can attend in person at the WDV Office in Melbourne CBD

Or



Online via Zoom.

# 8x

There will be **8 Program sessions**.



Each session will be **3 hours long**.

Sessions will include breaks.



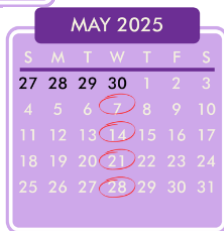
Program sessions will be on **Wednesdays**,

**1:00 – 4:00pm**



Program sessions will run from

**April 2 – May 28.**



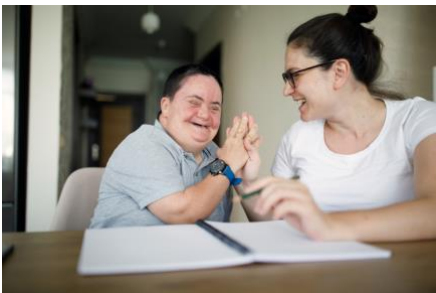
There will be **no Program session on**

**Wednesday April 23.** The Graduation will

be held in June.



The Program will have up to 14 participants.



During the Program, participants will work with a **mentor**.

**Mentors support people to achieve a goal.**



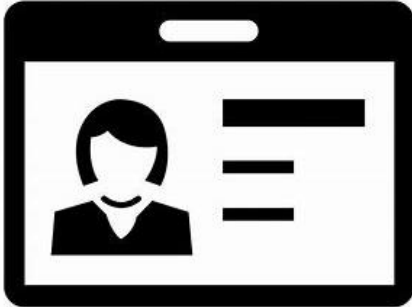
The Program will finish with a **Graduation celebration**.

## Who can participate?

You can participate, if you



- are a woman or gender diverse person, who is



- aged 18+, and



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



- 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, lives with ADHD, OCD, tics, learning disabilities, etc.
  - who lives with mental health challenges.

## Completing the Application Form



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



**If you want help:**



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

Or,



You can also contact **Bridget** at WDV for help answer questions and fill in the form.



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

Phone: 03 9286 7813



## You can fill out the form:



- On a computer,



- By hand,



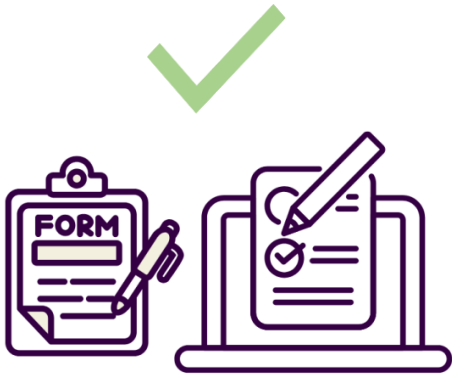
- Or record your answers in a video or audio recording.

Program?

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
<input type="checkbox"/>	Which formats:
<input type="checkbox"/>	Dietary requirements
<input type="checkbox"/>	Please advise:
<input type="checkbox"/>	Other:



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

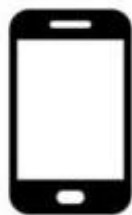


Please email Bridget at WDV the completed form, or contact Bridget and let her know you have made a recording.

You can **contact Bridget via email or phone.**



▪ Email: [leadership@wdv.org.au](mailto:leadership@wdv.org.au)




▪ Phone: [03 9286 7813](tel:0392867813)









## PART B: Application Form

### Your Details




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


Information required	Your response
 <p><b>First and last name</b></p>	



Information required	Your response
  <p><b>*Optional*</b></p>  <p><b>Pronouns</b></p>	<p><i>How should people refer to you? Examples "she", "they", "he", or something else.</i></p>
 <p><b>Year of birth</b></p>	
 <p><b>Street Address</b></p>	
 <p><b>Suburb and Postcode</b></p>	

Information required		Your response
	<b>Best contact phone number</b>	
	<b>Email address</b>	
	<b>*Optional*</b> <b>Do you speak a language other than English at home?</b>	<input type="checkbox"/> Yes – what language/s?  <input type="checkbox"/> No
	<b>*Optional*</b> <b>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 <input type="checkbox"/> Prefer not to say



## Questions about you

Information required	Your response
 <p>1. What do you do for fun?</p>	
 <p>2. Why do you want to do this Program?</p>	
 <p>3. Has anything stopped you from doing activities and</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?</p>




Information required	Your response
<p>other things you want to?</p> <p>Particularly because of your gender or disability?</p>	
 <p>4. Did you get through the problem?</p> <p>If yes, how?</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>




Information required	Your response
 <p data-bbox="448 353 753 645"><b>5. What connection do you have with Victoria?</b></p>	<p data-bbox="845 353 1353 568"><i>Examples, where you live, study, work, volunteer, or play.</i></p>
 <p data-bbox="448 1124 794 1572"><b>6. Do you, or have you been part of any WDV programs or projects? What ones?</b></p>	<p data-bbox="845 1124 1378 1240"><i>Examples: Member events, Hubs, Workshops, etc.</i></p>






Information required	Your response
 <p><b>7. What groups are you a part of now, or have been in the past? What do / did you do with these groups?</b></p>	<p><i>Examples: Peer group, committees, sporting club, Church, community groups. Etc.</i></p>
 <p><b>8. How did you hear about the Enabling Women Program?</b></p>	

## Participation Questions

Information required	Your response
 <p><b>1. Will you mostly participate in person or online?</b></p>	<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> It depends / unsure
 <p><b>2. Do you have a tablet or computer with internet at home?</b></p>	<input type="checkbox"/> Yes – computer <input type="checkbox"/> Yes – tablet <input type="checkbox"/> No
 <p><b>3. Does the internet work well?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes / Not sure

Information required	Your response
 <p data-bbox="448 338 815 719"><b>4. If you have a computer can you use these things with your computer?</b></p>	<p data-bbox="858 344 1145 389"><input type="checkbox"/> Microphone</p> <p data-bbox="858 450 1158 495"><input type="checkbox"/> Headphones</p> <p data-bbox="858 555 1066 600"><input type="checkbox"/> Speaker</p> <p data-bbox="858 660 1273 705"><input type="checkbox"/> Webcam / camera</p>
 <p data-bbox="448 875 815 1496"><b>5. If you think you may need extra help or equipment to join online, what help or equipment do you think you might need?</b></p>	
 <p data-bbox="448 1570 767 1861"><b>6. Have you done an online video meeting before?</b></p>	<p data-bbox="858 1576 1134 1621"><input type="checkbox"/> Yes – Zoom</p> <p data-bbox="858 1682 1342 1805"><input type="checkbox"/> Yes – Other. What did you use?</p> <p data-bbox="858 1865 959 1910"><input type="checkbox"/> No</p>

Information required	Your response
 <p data-bbox="448 338 778 546"><b>7. Would you like any help to use Zoom?</b></p>	<p data-bbox="858 338 1337 465"><input type="checkbox"/> Yes – Please tell us in what ways?</p> <p data-bbox="858 622 962 663"><input type="checkbox"/> No</p> <p data-bbox="858 725 1075 766"><input type="checkbox"/> Not sure</p>
 <p data-bbox="448 842 810 1487"><b>8. Do you feel comfortable doing the Program at home when talking about uncomfortable topics?</b></p>	<p data-bbox="858 846 978 887"><input type="checkbox"/> Yes</p> <p data-bbox="858 949 962 990"><input type="checkbox"/> No</p> <p data-bbox="858 1052 1329 1093"><input type="checkbox"/> Not sure / It depends</p>
 <p data-bbox="448 1559 810 1935"><b>9. Do you have a safe place at home to be alone and do the Program?</b></p>	<p data-bbox="858 1563 978 1603"><input type="checkbox"/> Yes</p> <p data-bbox="858 1666 962 1706"><input type="checkbox"/> No</p> <p data-bbox="858 1769 1329 1809"><input type="checkbox"/> Not sure / It depends</p>



## Access and Supports






The next two pages ask about access and supports.



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

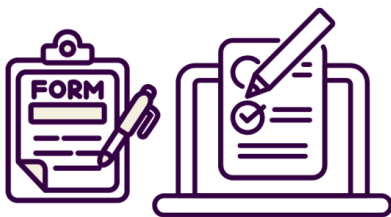
If you think you may need one of these supports, please tick the box and provide more information.



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

Information required	Your response
 <p><b>Interpreter</b></p>	<input type="checkbox"/> Yes – Tell us more:
 <p><b>Wheelchair access</b></p>	<input type="checkbox"/> Yes
 <p><b>Dog guide or service animal facilities</b></p>	<p>For if we ever meet in person.</p> <input type="checkbox"/> Yes – Tell us more:
 <p><b>Transport / accessing the venue?</b></p>	<input type="checkbox"/> If yes, what requirements?
 <p><b>Information in other ways</b></p>	<p>Examples: Examples: Easy English, braille, audio, etc.</p> <input type="checkbox"/> Yes – Tell us more:

Information required	Your response
 <p><b>Dietary requirements</b></p>	<p>Examples: Vegan, Halal, or soft foods, etc.</p> <p><input type="checkbox"/> Yes – Tell us more:</p>
 <p><b>Other</b></p> <p>What else could help you to participate?</p>	<p><input type="checkbox"/> Yes – Tell us more:</p>



If you have completed the application form on a computer, phone, tablet, or by hand,, please email Bridget at WDV your **completed application form –** [leadership@wdv.org.au](mailto:leadership@wdv.org.au)

This includes sending photos of your hand written form.



If you **want help to fill out the form**, or if you **made a recording**, you can **email or call Bridget** to discuss things further.



▪ Email: [leadership@wdv.org.au](mailto:leadership@wdv.org.au)



▪ Phone: 03 9286 7813

**Thank you for your application!**

