



Participant Application Form

Victorian Enabling Young Women Leadership Program, Summer 2024 - 2025

About WDV

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.

About Enabling Young Women

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

The Program will be delivered in a **hybrid way**. You can choose to attend in person at WDV's office **in Melbourne's CBD, or online via Zoom**.

There will be up to **12 participants**.

There will be **8 program sessions**, that will each run for **3 hours**. **Breaks** will be included.

Program sessions will run on **Wednesdays**. There will be 2 blocks of 4 sessions.

Block 1: November 20th – December 11th, 2024

Block 2: January 22nd – February 12th, 2025

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

In February, we will have a **Graduation** event to celebrate your success of completing the Program.

The program is open to:

- Young women and non-binary youth, who are
- aged 18 – 26 years of age, and who
- live, work, study 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, lives with ADHD, OCD, learning disabilities, tics, etc.
 - who lives with mental health challenges.

Completing the Application form

Application forms can **be completed electronically, by hand, or by recording your answers in a video or audio recording.**

There is also an **Easy Read version** of this Application Form. You can find it on [WDV's website](#) or call Bridget on **03 9286 7813** for a copy.

If you are using a computer to fill out the below form, you can check boxes with a mouse click or use the spacebar key on the keyboard.

Completed applications should be emailed to Bridget at leadership@wdv.org.au

If you are submitting a video or audio version, please email Bridget at leadership@wdv.org.au or call her on **03 9286 7813** to discuss how to send the file.



Help and More information

Do you have questions or need help to fill out this form?

If you would like more information, or help to fill out this form, please contact Bridget.

Phone: 03 9286 7813

Email: leadership@wdv.org.au

**The Application period has been extended.
Applications now close:
11:59pm, Tuesday November 5th**

Application Form

Your details

Information required	Your response
First name	
Family name	
Optional Pronouns <i>E.g., she/her or they/them</i>	
Year of birth	
Postal address	
Suburb	
Postcode	
Best contact number	
Email	

Information required	Your response
Optional Do you identify as Aboriginal and/or Torres Strait Islander?	<input type="checkbox"/> Yes – Aboriginal <input type="checkbox"/> Yes – Torres Strait Islander <input type="checkbox"/> No
Do you speak a language other than English at home?	<input type="checkbox"/> Yes. What language/s? <input type="checkbox"/> No

Questions about you

Information required	Your response
1. What are your passions and interests?	

Information required	Your response
2. Why are you interested in doing this program?	
3 a. Thinking about your gender, disability, and age (or other areas of life) what things may stop you from doing the things you want to do?	
3 b. Have you been able to overcome this?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 c. If yes, what did you do?	

Information required	Your response
<p>4. What connections do you have with the state of Victoria? (E.g. where you live, work, study, etc.)</p>	
<p>5. Do you currently, or have you previously participated in any WDV Programs / projects? What were they?</p>	
<p>6 What groups are you currently, or have you previously been a part of? What do / did you do with the group? E.g. Group committees, sporting clubs, Church groups, committees,</p>	

Information required	Your response
7. How did you hear about the Enabling Women Leadership Program?	

Participation Questions

Requirement	Your Response
1. What time/s on Wednesdays are you available?	<input type="checkbox"/> 10am – 1pm <input type="checkbox"/> 1pm – 4pm
2. Do you expect to participate mostly in person, or online?	<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> It depends / unsure
3. Do you have access to a computer or tablet, with internet at home?	<input type="checkbox"/> Yes – computer <input type="checkbox"/> Yes – tablet <input type="checkbox"/> No

Requirement	Your Response
4. Is the internet connection reliable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
5. If you have a computer, does it include these things?	<input type="checkbox"/> Microphone <input type="checkbox"/> Webcam <input type="checkbox"/> Speaker <input type="checkbox"/> Headphones
6. If you do not have the right equipment at home, and you want to participate online, what can we do to support you?	
7. Have you done an online video meeting before?	<input type="checkbox"/> Yes - Zoom <input type="checkbox"/> Other – what did you use? <input type="checkbox"/> No
6. Would you like any help to use Zoom?	<input type="checkbox"/> Yes – please tell us in what ways? <input type="checkbox"/> No <input type="checkbox"/> Not sure

Requirement	Your Response
<p>At times we may talk about confronting topics (for example, gender based violence).</p> <p>7 a. Do you feel comfortable participating online from your home?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not sure</p>
<p>7 b. Do you have a safe space at home to be alone and do the Program?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not sure</p>

Support and access

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

Requirement	Your Response
Wheelchair access	<input type="checkbox"/>
Dog guide / Service animal facilities	<input type="checkbox"/> If yes, what requirements?
Transport / accessing the venue	<input type="checkbox"/> If yes, what requirements?
Information in alternative formats	<input type="checkbox"/> If yes, what formats?
Dietary requirements	<input checked="" type="checkbox"/> If yes, what requirements?
Do you have any other access or participation requirements?	<input type="checkbox"/> If yes, what requirements?

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Thank you for your application!