



# Application Form



## Victorian Enabling Young Women Leadership Program, Summer 2024 - 2025



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### Information and help to apply



Do you want more information, or help to apply?



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



Or, 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 Young 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 want to be a safe space and to include all women and non-binary 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 non-binary people with disability learn how to become stronger leaders.



We do this in fun and meaningful ways.

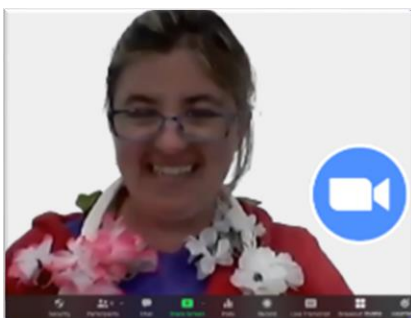


The Program will be **hybrid**.

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

Or

Or online via Zoom.



# 8x

There will be **8 Program sessions**.



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

Sessions will include breaks.



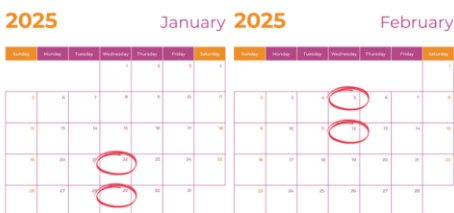
Program sessions will be on **Wednesdays**.

There will be two blocks of Program Sessions.



**Block 1: November 20**

**– December 11, 2024**



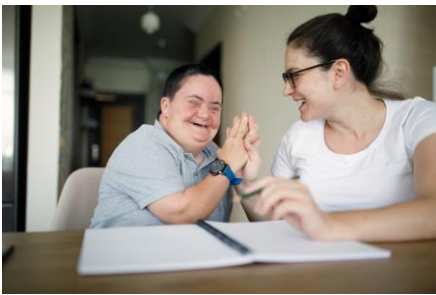
**Block 2: January 22**

**– February 12, 2025**





The Program will have up to 12 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 young woman or non-binary person, and



- aged 18-26 years, and



- live, work, study, volunteer or play 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 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.



Or,  
You can also contact **Bridget** at WDV for help.



▪ 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 Which formats:
<input type="checkbox"/>	Dietary requirements 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.



**Email Bridget at WDV with the completed form, or let Bridget know you have made a recording.**

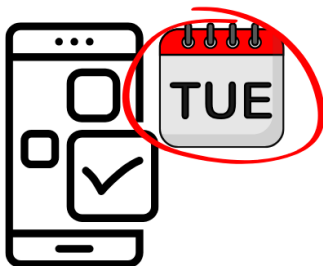
You can **contact Bridget via email or phone.**



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



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



**The Application closing date has changed. Applications now close: 11:59pm, Tuesday November 5.**





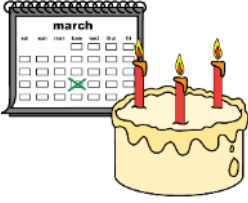


# PART B: Application Form



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


## Your Details



Information required	Your response
 <p><b>First and last name</b></p>	
 <p><b>*Optional*</b> <b>Pronouns</b></p>	<p><i>How should people refer to you? Examples "she", "they", "he", or something else.</i></p>

Information required	Your response
 <p><b>Year of birth</b></p>	
 <p><b>Street Address</b></p>	
 <p><b>Suburb and Postcode</b></p>	
 <p><b>Best contact phone number</b></p>	
 <p><b>Email address</b></p>	

Information required	Your response
 <p><b>*Optional*</b></p> <p><b>Do you speak a language other than English at home?</b></p>	<input type="checkbox"/> Yes – what language/s?  <input type="checkbox"/> No
 <p><b>*Optional*</b></p> <p><b>Do you identify as Aboriginal and/or Torres Strait Islander?</b></p>	<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><b>1. What do you do for fun?</b></p>	

Information required	Your response
 <p data-bbox="453 320 820 521"><b>2. Why do you want to do this Program?</b></p>	
 <p data-bbox="448 958 775 1877"><b>3. Has anything stopped you from doing activities and other things you want to? Particularly because of your gender, disability or age?</b></p>	<p data-bbox="847 965 976 1003"><input type="checkbox"/> Yes</p> <p data-bbox="847 1066 959 1104"><input type="checkbox"/> No</p> <p data-bbox="847 1167 1086 1205"><input type="checkbox"/> Not sure</p> <p data-bbox="847 1267 1262 1384">If yes, what sort of things?</p>



Information required	Your response
 <p><b>4. Did you get through the problem?</b> <b>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 with Victoria?</b></p>	<p><i>Examples, where you live, study, work, volunteer, or play.</i></p>




Information required	Your response
 <p><b>6. Do you, or have you been part of any WDV programs or projects? What ones?</b></p>	<p><i>Examples: Member events, Hubs, Workshops, etc.</i></p>
 <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>








Information required	Your response
 <p><b>8. How did you hear about the Enabling Women Program?</b></p>	

## Participation Questions

Information required	Your response
 <p><b>1. What time or times are you available on Wednesdays?</b></p>	<input type="checkbox"/> 10am – 1pm <input type="checkbox"/> 1pm – 4pm
 <p><b>2. 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

Information required	Your response
 <p><b>3. 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>4. Does the internet work well?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes / Not sure
 <p><b>5. If you have a computer can you use these things with your computer?</b></p>	<input type="checkbox"/> Microphone <input type="checkbox"/> Headphones <input type="checkbox"/> Speaker <input type="checkbox"/> Webcam / camera





Information required	Your response
 <p><b>6. 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><b>7. Have you done an online video meeting before?</b></p>	<input type="checkbox"/> Yes - Zoom <input type="checkbox"/> Yes - Other. What did you use?  <input type="checkbox"/> No
 <p><b>8. Would you like any help to use Zoom?</b></p>	<input type="checkbox"/> Yes - Please tell us in what ways?  <input type="checkbox"/> No  <input type="checkbox"/> Not sure






Information required	Your response
 <p data-bbox="448 309 826 913"><b>9. Do you feel comfortable doing the Program at home when talking about uncomfortable topics?</b></p>	<p data-bbox="858 315 986 353"><input type="checkbox"/> Yes</p> <p data-bbox="858 416 970 454"><input type="checkbox"/> No</p> <p data-bbox="858 517 1374 555"><input type="checkbox"/> Not sure / It depends</p>
 <p data-bbox="448 1070 826 1503"><b>10. Do you have a safe place at home to be alone and do the Program?</b></p>	<p data-bbox="858 1077 986 1115"><input type="checkbox"/> Yes</p> <p data-bbox="858 1178 970 1216"><input type="checkbox"/> No</p> <p data-bbox="858 1279 1374 1317"><input type="checkbox"/> Not sure / It depends</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>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>
 <p><b>Interpreter</b></p>	<p><input type="checkbox"/> Yes - Tell us more:</p>
 <p><b>Wheelchair access</b></p>	<p><input type="checkbox"/> Yes</p>

Information required	Your response
 <p><b>Dog guide or service animal facilities</b></p>	<p>For if we ever meet in person.</p> <p><input type="checkbox"/> Yes - Tell us more:</p>
 <p><b>Transport / accessing the venue?</b></p>	<p><input type="checkbox"/> If yes, what requirements?</p>
 <p><b>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>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>



Email Bridget at WDV your **completed application form** – [leadership@wdv.org.au](mailto:leadership@wdv.org.au)



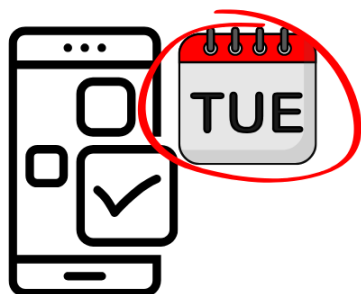
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**Thank you for your application!**

