



## *Participant Application Form*

*Victorian Enabling Women Leadership Program,  
Summer 2024 - 2025*



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### **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 Women**

The Enabling 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 27<sup>th</sup> – December 18<sup>th</sup>, 2024**

**Block 2: January 22<sup>nd</sup> – February 12<sup>th</sup>, 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:**

- Women and non-binary people, who are
- aged 18+ 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](mailto:leadership@wdv.org.au)

If you are submitting a video or audio version, please email Bridget at [leadership@wdv.org.au](mailto: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](mailto:leadership@wdv.org.au)**

# Application Form

## Your details

Information required	Your response
<b>First name</b>	
<b>Family name</b>	
<b>*Optional*</b> <b>Pronouns</b> <i>E.g., 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>	

Information required	Your response
<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>Information required</b>	<b>Your response</b>
<b>2. Why are you interested in doing this program?</b>	
<b>3 a. Thinking about your gender, and disability, (or other areas of life) what things may stop you from doing the things you want to do?</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>	

<b>Information required</b>	<b>Your response</b>
<p><b>4. What connections do you have with the state of Victoria? (E.g. where you live, work, study, etc.)</b></p>	
<p><b>5. Do you currently, or have you previously participated in any WDV Programs / projects? What were they?</b></p>	
<p><b>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,</b></p>	

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

## Participation Questions

Requirement	Your Response
<b>1. What time/s on Wednesdays are you available?</b>	<input type="checkbox"/> 10am – 1pm <input type="checkbox"/> 1pm – 4pm
<b>2. Do you expect to participate mostly in person, or online?</b>	<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> It depends / unsure
<b>3. 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



Requirement	Your Response
<b>4. Is the internet connection reliable?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
<b>5. 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>6. If you do not have the right equipment at home, and you want to participate online, what can we do to support you?</b>	
<b>7. 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
<b>6. Would you like any help to use Zoom?</b>	<input type="checkbox"/> Yes – please tell us in what ways?  <input type="checkbox"/> No <input type="checkbox"/> Not sure

Requirement	Your Response
<p><b>At times we may talk about confronting topics (for example, gender based violence).</b></p> <p><b>7 a. Do you feel comfortable participating online 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 safe space at home to be alone and do the Program?</b></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><b>Are there any access requirements, or supports that may help you to fully participate?</b></p>	<p>If you think you may need one of these supports, please tick the box and provide more information if requested.</p>
<p><b>Attendant care</b></p>	<p><input type="checkbox"/></p>
<p><b>Note-taker</b></p>	<p><input type="checkbox"/></p>
<p><b>Interpreter</b></p>	<p><input type="checkbox"/> If yes, what language?</p>

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

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**Thank you for your application!**