

Given Name

**Main Contact Number** 

# **Gascoyne Aboriginal Women's Policy Forum**

'Community Women leading Collective Change'

Monday, 11<sup>th</sup> & Tuesday, 12<sup>th</sup> October 2021 Gwoonwardu Mia Gascoyne Aboriginal Heritage & Cultural Centre

## **EXPRESSION OF INTEREST REGISTRATION FORM**

ELIGIBILITY:  Aboriginal & Torres Strait Islander women residing in the Gascoyne region.  Aged 18 years old or over.  Able to commit and attend the full duration of the Forum (1.5 days).  Complete, sign and lodge via email or in person an Expression of Interest Registration Form by or before 4pm, Friday, 17 <sup>th</sup> September 2021.								
SELECTION PROCESS:	<ul><li>b) Your application will be reviewed</li><li>c) The Selection Panel and Event O</li></ul>	and shortlisted by rganiser reserves rganiser reserves	a Selection the right to the right to	o determine selection and placement at o give preference and opportunities to a	their discretion.			
APPLICANT'S PERSO	NAL DETAILS:							
Given Name		Surname			Date of Birth			
Residential Address			Postal Address					
Main Email Address			Main C	ontact Number				
Please advise of the area	and the community or group you rep	resent:						
If you require an interpreter, please advise what language group?								
APPLICANT'S MEDICA	L CONDITION/SUPPORT NEED	S:						
Please provide details of	any medical condition or support nee	ds you may have	::	Not Required				
Please provide details of any allergies or special dietary needs that you may have:								
Please provide details of additional support you may require while attending the Forum:								
MEDICAL EMERGENCY TERMS & CONDITIONS:  1. In the event of a medical emergency, the Event Organiser will arrange an Ambulance and/or medical treatment on your behalf.  2. All Ambulance and/or medical treatment costs incurred will be directly charged to you to pay.  3. The Event Organiser will not be liable for any costs incurred for any Ambulance and/or medical treatment arranged on your behalf.								
Please initial in the space	provided to confirm you have read, u	nderstand and a	ccept all t	he Medical Emergency Terms & Con	ditions stated above.			
APPLICANT'S EMERG	ENCY CONTACT PERSON/S:							
EMERGENCY CONTACT P	ERSON 1:							
Given Name		Surname			Relationship to you			
Main Contact Number			Main E	mail Address				
EMERGENCY CONTACT P	ERSON 2:							

Surname

Main Email Address

Relationship to you

How many com	munity and/or leade	rship forums/conferences have	you attended before: Never	<u></u> 1-5 <u></u> 5-10	☐10 or more			
Please tell us why you are interested in attending this Forum. (500 words maximum)								
Please tell us w	hat you want to see	achieved from this Forum. (500	words maximum)					
Plassa tall us h	ow you can add yalı	ue to this Forum. (500 words maximi	(m)					
lease tell us il	ow you can add vaid	de to tilis i orum. (300 words maximo	un)					
Please select in	order of preference	e (1-3) each session you would   DISCUSSION AREA	ike to participate in during Day  CONCURRENT BREAKO					
	9.15am-10.00am	Women's Health & Wellbeing	SESSION 1: Women's Physical & SESSION 2: Wellbeing, Healing SESSION 3: Suicide Prevention SESSION 4: Elders Session	& Mental Health & Recovery				
	10.00am – 10.45am	Children & Youth	SESSION 1: Children in Crisis SESSION 2: Youth Crime & Anti- SESSION 3: Youth Services & P SESSION 4: Elders Session (cor	rograms				
	11.00am – 11.45am	Parents & Families		ative Carers t Services/Programs cohol & Substance Misuse				
	11.45am – 12.30pm	Language, Culture & Aboriginality	SESSION 1: Culture & Language SESSION 2: Discrimination & La SESSION 3: Identity & Culture					
	1.15pm – 2.00pm	Education, Training & Employment	SESSION 1: School Attendance SESSION 2: Adult Education & T SESSION 3: Aboriginal Employn	raining				
	2.00pm – 2.45pm	Community	SESSION 1: Service Providers & Community Inclusion					

PLEASE NOTE: Places per session are strictly limited, every effort will be made to place you in your first preference where possible.

#### APPLICANT'S DECLARATION

- In signing this declaration, I:

  1. Confirm that all information I have provided is true and correct.

  2. Understand, acknowledge and accept all the Terms & Conditions
  - Understand, acknowledge and accept all the Terms & Conditions stated within this document, including the selection process.

3.

Understand and accept that I have not secured a placement at the Forum until my registration has been assessed and determined by the Selection Panel. Will, upon offer of a placement, adhere to all Terms & Conditions of the Forum as required. Understand and accept that my placement maybe cancelled if I do not adhere to any of the Terms & Conditions of the Forum.

Applicant's Full Name	Date

### **EVENT ORGANISER CONTACT DETAILS**

#### **SUBMISSION CONTACT DETAILS**

**Cherie Sibosado Nyat Mulugeta** Mobile: 0475 578 715 Phone: 9481 4844

Email: akoconsultancy@outlook.com Email: Nyat.Mulugeta@aph.gov.au

SESSION 3: \_\_\_\_ Community Safety & Housing







