**Intersectionality, Anti-Oppression and**

**Collaborative Leadership Learning Institute**

September 30th–October 1st, 2016

**Bursary Application Form**

Complete this form and send it to Roberta Timothy at [RTimothy@opha.on.ca](mailto:RTimothy@opha.on.ca) by **September 9th**.

Results will be communicated by September 16th . If we do grant you a bursary, you will need to tell us if you will accept it by **September 20th**.

If you are applying for a bursary, please let us know on the Learning Institute registration form. Registration will be completed until we tell you whether or not we can grant your bursary request.

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| Reasons why you are applying for a bursary to attend the Learning Institute | |
| 1. Are there any organizational or personal financial constraints that would difficult your attendance to the Learning Institute? |  |
| 2. Are you planning a collaborative initiative, or are you currently involved in one? |  |
| 3. Have you played or do you have the opportunity to play a leadership role in your organization and /or community? |  |
| 4. What work have you done in the past or currently in relation to intersectionality and anti-oppression work in collaborative leadership? |  |
| 5. How do you intend to apply the knowledge and contacts gained through your participation in the Learning Institute? |  |
| 6. Is there anything else you would like us to know to assist us in determining your suitability for a bursary? | |

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| Information collected through this form will be reviewed by the organizers to select participants. The organizers will select applicants based on the institute goals. Additionally, the organizers will seek to ensure representation from community members whose work and lived experiences demonstrates commitment to address oppressions and intersectional violence. | |
| **GENERAL INFORMATION** | |
| **First Name(s):** | **Last Name(s):** |
| **Gender** | **Preferred gender pronoun:** |
| **Date of birth:** |  |
| **Address:** |  |
| **Mailing address if different from above** |  |
| **Email:** | **Telephone:** |
| **Organization Affiliation and department or community affiliation (if applicable):** | |
| * Hospital/clinic * Academia/university * Research institute * Non for profit organization * Grass roots community based organization * Faith based organization * Charitable foundation * Trade union * Cooperative * Private sector * Media organization * Self-employed consultant * Other (add field for explanation) | |
| **Position/role/occupation** | |
| * Non-for profit manager/executive * Health care worker * Researcher * Media representative * Policy/administration * Advocate/activist * Student * Lawyer * Funder * Educator/trainer * Other (add field for explanation) | |
| **SOCIAL LOCATION** | |
| Please let us know if you are impacted by intersectional violence/oppressions on the basis of the following and please explain: | 🞏 Race/racism:  🞏 Indigeneity/colonialism:  🞏 Socioeconomic status/classism:  🞏 Gender/sexism:  🞏 Gender identity/transphobia:  🞏 Sexual orientation/homophobia/heterosexism:  🞏 (dis)Abilities/ableism:  🞏 Age/ageism  🞏 Religious/spiritual affiliation:  🞏 Transnationality/immigration:  🞏 Other: Please explain  🞏 Prefer not to answer |
| **YOUR EXPERIENCES WITH INTERSECTIONALITY AND**  **ANTI-OPPRESSION** | |
| Please let us know if your work seeks to address intersectional violence/oppressions on the basis of the following and please explain: | 🞏 Race/racism:  🞏 Indigeneity/colonialism:  🞏 Socioeconomic status/classism:  🞏 Gender/sexism:  🞏 Gender identity/transphobia:  🞏 Sexual orientation/homophobia/heterosexism:  🞏 (dis)Abilities/ableism:  🞏 Age/ageism  🞏 Religious/spiritual affiliation:  🞏 Transnationality/immigration:  🞏 Other: Please explain  🞏 Prefer not to answer |
| **ABOUT YOUR INTEREST IN THE LEARNING INSTITUTE** | |
| How do you intend to apply the knowledge gained through the learning institute? | |
| What other learning/training have you previously done in relation to anti-oppression and intersectionality in collaborative leadership (please provide examples) | |
| What are your learning goals for the Learning Institute? | |
| We want to understand the number and types of groups we are reaching with this project. Please list the names of all non-profit organizations or community groups that you are actively involved with (as a volunteer, staff member, or board member): | |
| What region(s) of Ontario do you work in? (select all that apply)  🞏 Ontario-wide  🞏 Eastern  🞏 Central East  🞏 Toronto  🞏 Central West  🞏 South West  🞏 North West  🞏 North East  🞏 Out-of-province  🞏 Other: Please explain | |
| What languages do you speak? (select all that apply)  🞏 English  🞏 French  🞏 Other**:** | |
| How much of your work is done in French? | 🞏 All  🞏 More than half  🞏 Less than half  🞏 A little  🞏 None |
| **ROOM ACCOMMODATION** | **Will you require room reservation (discuss logistics to process reservations/budget/availability)**  🞏 No  🞏 Yes, room type (options and cost): |
| **ACCESSIBILITY** | |
| Do you require any accommodations? (mobility, dietary, etc.) |  |