

# Aboriginal Women's Wellbeing Retreat – Nomination Form

The following information is being collected to help us understand participants' circumstances and plan appropriate supports during the retreat. While providing this information is optional, it is important for us to gain an understanding of your situation in order to fairly prioritise and secure places at the retreat. All details will remain confidential, will only be used to support your safety and wellbeing, and will be entered into and securely stored on our client management system, SmarterSoft.

## Applicant Details

Full Name: \_\_\_\_\_

Date of Birth (must be 18+): \_\_\_\_\_

Address / Community: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email (if available): \_\_\_\_\_

## Select the one that's the most applied to you

- Aboriginal
- Non – Aboriginal

## Relationship Status

- Single
- In a relationship / Partnered
- Married
- Separated
- Divorced
- Widowed
- Prefer not to say

## Family Dynamics

- I have children in my care
- I have children not currently in my care
- I live with extended family
- I live alone
- Other: \_\_\_\_\_
- Prefer not to say

**If you have children, can you confirm that you are able to arrange safe alternative care while you attend the retreat?**

- Yes
- No

**Experience with Domestic, Family and Sexual Violence (Confidential)**

- I am currently experiencing domestic, family or sexual violence
- I have previously experienced domestic, family or sexual violence
- I have been impacted by trauma connected to domestic, family or sexual violence
- I would prefer not to say

**Service Provider Support**

Did a service provider assist you to complete this form?

- Yes
- No

If yes, please provide details:

Service Provider / Organisation Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone / Email: \_\_\_\_\_

Do you consent to Gunida Gunyah Aboriginal Corporation contacting this service provider and sharing relevant information about your nomination?

- Yes
- No

**Community Safety**

As this is a small community, we want to ensure the retreat is a safe and respectful space for all women attending. To help us plan and prevent any risk of conflict or violence, please let us know if there is anyone in the local community who may impact your ability to attend (for example, someone you have a current ADVO with/against, or someone involved in current court proceedings related to you).

If yes, please provide details (optional):

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This information will remain confidential and will only be used to ensure the safety and wellbeing of all participants.

### Health & Access Needs

To ensure your safety, comfort, and wellbeing during the retreat, please let us know if you have any health, dietary, or accessibility needs.

- Medical Conditions (including allergies):

: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Current Medications (optional):

: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Dietary Requirements (e.g. vegetarian, gluten-free, allergies):

: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Accessibility Needs (e.g. mobility support, hearing, vision, other):

: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- No accessibility needs
- Yes – please provide details:

### Emergency Medical Consent

In the event of a medical emergency, do you consent to staff providing immediate first aid and contacting emergency services (including calling an ambulance) if required?

- Yes, I consent
- No, I do not consent

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please note that ambulance costs are the responsibility of the participant unless covered by concession or health insurance*

## Privacy and Photography

To ensure the safety, privacy, and comfort of all women attending the retreat:

- Participants are not permitted to take photos or videos of other participants.
- Participants are not permitted to post photos of the retreat on social media (e.g. Facebook, Instagram, TikTok) unless consent has been given by everyone shown.
- Gunida Gunyah staff may take photos during the retreat but will always confirm with participants and gain consent before sharing any photos where a person is recognisable.

Please confirm you understand and agree to these conditions:

Yes, I understand and agree

## Consent to Program Evaluation

I consent to take part in evaluation activities for the Aboriginal Women's Wellbeing Retreat, including answering questions, completing surveys, providing feedback, and filling in a wellbeing tool before and after the retreat. I understand my participation is voluntary and my information will be kept confidential.

Yes, I consent

No, I do not consent

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Privacy note: Your feedback will only be used to improve programs and report on outcomes. Information collected will remain confidential and will not identify you personally.*

## Swimming Ability (Lake & Pool Use)

There is a swimming pool onsite at Lake Keepit, as well as the lake itself. To help us plan safe activities, please indicate your swimming ability:

I cannot swim

I can swim a little (shallow water only)

I am a confident swimmer

I prefer not to swim

Do you consent to participate in supervised water-based activities if offered during the retreat?

Yes

No

## Retreat Agreement – Terms and Conditions

To ensure a safe, respectful, and healing environment for all women, participants are asked to agree to the following:

- **No visitors are permitted during the retreat.**
- **You must commit to attending the entire retreat.**
- **All participants must travel using transport provided by Gunida Gunyah Aboriginal Corporation, unless special arrangements are required (e.g. accessibility needs) and discussed with staff beforehand.**
- **No alcohol or drug use is permitted at any time.**
- **Violence of any kind will not be tolerated.**
- **Respect all other participants – no judgment, no gossip, and no drama.**
- **Focus on your own healing journey – you are here for yourself.**
- **Confidentiality is essential: what is shared at the retreat stays at the retreat.**
- **You may hear very personal or sensitive stories from other women – do not share this information outside the group or within the community.**
- **Respectful behaviour includes allowing space for emotions – it's okay to cry, to be quiet, or to ask for support.**
- **If you are unsure about anything, please reach out to staff for guidance or help.**

***I understand and agree to these terms and conditions as part of my participation in the retreat.***

Yes, I agree

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Submission

Please complete and return your nomination form by **Friday 13<sup>th</sup> March 2026**.

Successful participants will be notified by **Monday 16<sup>th</sup> March 2026**.

You can:

- Download from GGAC Website <https://www.ggachub.com.au/awwr>
- **Pick up** a paper copy from our office at **The Hub, 167–169 Conadilly Street, Gunnedah**
- **Return** your completed form by:
  - Email – [admin@gunidagunyah.com.au](mailto:admin@gunidagunyah.com.au)
  - Handing it in at the office
  - Submitting through a service provider

 The Hub – 167–169 Conadilly Street, Gunnedah NSW 2380  
 (02) 6742 7038