



Expression of Interest for an Assistance Dog

Thank you for your interest in applying for an Aussie Angels Assistance or Therapy Dog.

Please Note: This form is NOT an application form for one of our Assistance Dogs or to join our Puppy Training Program. This pack is to give you information on our program and to give AAAD the information to assess if you would be a suitable candidate to be sent an application form.

Within this form Aussie Angels Assistance Dogs may be referred to as AAAD

Before you commence this form Please read the 2 Separate Information Packages "Considerations" and AAAD Info Pack"

Client Criteria

1. Have full support from other family members, or people living in the same household. This involves facilitating the relationship between the dog and client and in many cases having limited direct interaction with the dog themselves.
2. The client plus family members having direct access to the dog must not have any fear or allergies to dogs. Plus is willing to pay the extra costs involved in allergy screening, for acquiring a hypoallergenic breed of dog.
3. The client or family member needs to be able to provide care and all requirements of an active breed dog (Vet, food, financially, exercise etc...).
4. For a child an able bodied adult needs to be responsible for the dog at all times.
5. Must be in a position to adapt lifestyle and accommodation for owning a dog.
6. Maintain a high level of open communication with your AAAD Support Team.
7. Abide by AAAD's "Code of Conduct".
8. You will need to have internet access ,a electronic device ie Tablet, Computer AAAD can assist you if necessary.

Proceed To Next Page

Acknowledgements and Rights

Insert Full Name _____ I _____

Acknowledge that Aussie Angels Assistance Dogs assesses expression of interest on his or her merits and following this assessment Aussie Angels Assistance Dogs will have the right at our discretion to advise you that you are not suitable to apply for an Assistance Dog.

Applicants please be advised AAAD relies on electronic media communication ie “Skype”, “Go to Meeting” etc for Virtual Home visits where applicable, various stages of the Interview Process, Online Lessons as well as Training Troubleshooting.

It is AAAD’s policy is to record audio and or video of all formal link ups / meetings or all parties involved records. These are of great assistance in our training programs. Also allowing for true and accurate records keeping between You and AAAD.

All applicants personal information is treated as strictly confidential and only those with a need to know have access to this information. All applicants are protected by the AAAD Privacy Policy. AUSSIE ANGELS ASSISTANCE DOGS complies with the NSW Privacy and Personal Information Act 1998.

I agree that all information provided to Aussie Angels Assistance Dogs will be complete and accurate.

Before completing this form in its entirety Please confirm that you believe you meet our criteria

You / your child meets the required eligibility criteria	Your Answer	Yes
		No

If you answered No or Other give brief details

Please confirm that you have read and understood our:

Application Process	Yes	No
---------------------	-----	----

Consideration Information	Yes	No
---------------------------	-----	----

Our Brief guide of our training procedures and protocols in our Information Pack

Yes	No
-----	----

If you have answer No to any of the last 3 components give brief details

Name

Electronic Signature

Date mm/dd/yyyy

Please Note All Questions need to be answered

Date mm/dd/yyyy

Full Name

Child's Name

The Dog Recipient's Date of Birth is required

Date mm/dd/yyyy

We would appreciate a mobile phone number so we can SMS and exchange Data / Pictures etc.

Preferred Contact Number

Secondary Number

Partner / Emergency

Contact Name

Phone No. Prefer Mobile

Home Address

Street

Suburb

State

Post Code

Postal Address

Email

What is Your primary diagnosis

Secondary Conditions

Are you currently or have you previously been treated by doctors/specialists will you agree to AAAD discussing your condition with these professions if deemed necessary?

Your Answer Yes No Other

If you answered No or Other give brief details

Does your family support your interest to apply for an Assistance Dog?

Your Answer Yes No Other

If you answered No or Other give brief details

Type of Accommodation

House with Yard	Villa Home with court yard
Town House with court yard	Apartment With Balcony
Apartment Without Balcony	Apartment with Court Yard
Group Home	Retirement Village
Mobile Home	Caravan Park

How many people reside in the accommodation with you?

I live alone	Yes				
Adults Female	1	2	3	4	
	Other				
Adults Male	1	2	3	4	
	Other				
Children Girls	1	2	3	4	
	Other				
Children Boys	1	2	3	4	
	Other				

If you answered Other in either of the last 4 components give brief details

Does anyone else in the household have a disability?

Yes No

If you answered Yes give brief details

Do you or does anyone living in your home have an allergy to dogs?

Yes No

If you answered Yes give brief details

How many Animals live in the accommodation with you?

List Breed and Number If there are dogs we also need to know breed age, sex, and if neutered

What support and aid systems do you have in place ? Please tick all relevant

Not Required	Family	Friends
Neighbours	Medical Alert System	Home Assist
Personal Assist	Personal Carer	Shopping Assist
Respite Care	Other	

If you answered Other give brief details

Do you have the physical ability to restrain a dog that may be up to 35kg? Tick Most Relevant

Yes	No
With Help	Option could a smaller dog do the job

As a general rule If the dog recipient is under the age of 18 or is unable to handle their dog are you aware that the dog is to be handled / co-handled by a parent / guardian / carer at all times when outside of the home environment while working.

Your Answer

Yes
No

If you didn't answer Yes give brief details

I have my own dog Name & Breed Age and if Neutered

Tick all that Apply

Puppy

Dog

Obedience Trained

Untrained

Already Assists My disability

Want Trained to Assist

Alerts Me to Blood Sugars

Want Trained to Alert/ assist with My Hypos & Hypers

Alerts Me to my Seizures

Want Trained to Alert / Assist with My Seizures

Describe ways in which you feel an Assistance Dog could assist you / your child; or could alleviate you / your child's condition

All applicants personal information is treated as strictly confidential and only those with a need to know have access to this information. All applicants are protected by the AAAD Privacy Policy. AUSSIE ANGELS ASSISTANCE DOGS complies with the NSW Privacy and Personal Information Act 1998.

I agree that all information provided to Aussie Angels Assistance Dogs is complete and accurate.

Electronic Signature

Date mm/dd/yyyy