



APPLICATION FORM

All Information contained within this document is strictly confidential

Full Name: _____

Date of Application: _____

Please note that the completion of this form does not necessarily result in your application being automatically approved. The purpose is to enable the charity to make an initial assessment of your request to train with an Irish Dog for the Disabled. Please return to Irish Dogs for the Disabled at Arron House, South Cregg, Fermoy, Co. Cork. For additional information please contact:

jenniferdowler@dogsfordisabled.ie



Name of the Applicant: -----

Please confirm that having read the eligibility criteria:

Yes / No

You are resident within the Republic of Ireland.

You are able to travel to Cork to undertake an assessment interview

You have an area accessible by yourself, a minimum of 10ft x 10ft on ground level that can be allocated to use as a dog's toileting purposes.

You are able to provide a means of feeding, giving water and grooming the dog

You are capable of independently completing a minimum of two forty minute walks/runs per day with the dog.

You require **three distinct tasks** from three of the following tax group:
Retrieve – to include three different textured items
Pull – internal and external doors, clothes
Push – internal and external switches, doors and clothes
Speak – barking to alert attention
Environmental walking – suburban, urban and rural

You are able to attend a course of training by the charity on all aspects of handling the dog and its care. The length of such a course, its format and venue will be at the discretion of the charity.

You are able to provide access to a veterinary surgeon for routine preventative treatments and emergency treatment.

Irish Dogs for the Disabled constantly seeks to maintain the lowest possible costs for an applicant wanting assistance dog ownership. However, should Irish Dogs for the Disabled not be in a suitable financial position to undertake these costs then the applicant agrees to undertake all costs determined relating to assistance dog ownership i.e. insurance excesses, feeding, warming, flea treatment and equipment etc.

The above criteria are the minimum that must be achieved by any prospective applicant before receiving and completing an application for an assistance dog.

Please note, as part of the application process, eligibility will also be considered in terms of a home check, permission from landlords/housing associations etc. and employers, should you wish to take an assistance dog to work with you.

Compliance and achievement of the criteria does not mean acceptance of an application for training with a dog

All application information received, will be treated with the highest level of confidentiality and respect (however Irish Dogs for the Disabled retains the right to use this information in relationships with sponsors and accreditation organisations).



Name of the Applicant: -----

Section 1. PERSONAL DETAILS

	Applicant
Mr/Miss/Ms/Mrs/Other	
First Name	
Surname	
Date of Birth	/ /
Current Address	
Telephone No. (home) (work) (mobile)	
E-mail address	

Please affix a recent photograph of yourself here

Section 2. YOUR HOME CIRCUMSTANCES

Adults living in household (other than applicant)	Name	Age	Relationship to you
Children living in the household (include ages)			

Are members of the household supportive of you application? (if not please describe concerns)

Other Pets in the Household?		
<i>Type of animal/Breed?</i>	<i>Age</i>	<i>Are they socialised with dogs?</i>

Which is your current accommodation type?	
Bungalow _____	Sheltered / Independent Living Accommodation _____
House _____	Flat _____ (which floor) _____
Other _____ (please give details) _____	
Do you own your own dwelling? Yes _____ No _____	



Name of the Applicant: -----

Do you rent? (Please give details)		Is this accommodation	
Name of Landlord		Council? House association?	
Address of Landlord		Private rented	
		Student	
		Other state	

Do you live with parents? (Tick one) Yes _____ No _____
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Please note – we will require written permission from your landlord for an assistance dog to live with you in your home. Please include this when returning your application form

Section 3. EMPLOYMENT CIRCUMSTANCES

Occupation	
Employer's Name	
Employer's Address	
Employer's telephone No.	
Employer's e-mail address	

What days/hours per week do you work?
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Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Have you obtained permission to have an assistance dog in your workplace?
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What concerns if any has your employer raised in relation to you having an assistance dog at work with you?
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Describe the facilities available for the dog at your workplace (i.e. toileting area)
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Please note, we will require written permission from you employer for an assistance dog to accompany you at work. Please include this when returning your application form



Name of the Applicant: -----

Section 4. RELIEF FACILITIES FOR THE DOG

Type of garden Grass _____ Slabbed/Concrete _____ Decking _____ Gravel _____

Is your garden fully fenced Yes _____ No _____ **Height of fencing** _____

Type of fencing & security? i.e. gates _____

How do you access the garden? _____

Will a toileting run be required? Yes _____ No _____

Please note if a toileting run is required and you rent the property, we will require written permission from your landlord for a run to be erected. This should be included when returning your application form. Installation costs are met by the applicant.

Section 5. Disability

Type of Disability: _____ **Date of onset:** _____

Is your condition stable or progressive? _____

Do you have any? (please tick all that apply)	Pain	Loss of Power /strength	Loss of movement
Neck/head			
Back			
Right arm/hand			
Left arm/hand			
Right leg/foot			
Left leg/foot			
COMMENTS			

Are you able to walk? Please describe you gait and balance

Describe maximum mobility i.e. How far can you walk/travel and how long would it take?

Describe the ability of movement in the rest of your body

Do you require any specialist care on a regular basis? Yes _____ No _____

If yes please describe



Name of the Applicant: -----

Are you able to receive information both visually and Auditory and follow instruction fully Yes _____ No _____
If 'No' please describe how you would like to receive information
Are there any health factors or secondary disabilities that you feel may affect your training? Yes _____ No _____
If yes, please describe
Have you informed any of the following social workers, physiotherapists, occupational therapist etc, that you intend to apply for an Assistance dog? Yes _____ No _____
Please give details

To help us assess your suitability for training with a dog, we need some medical details from your doctor. This information will also be used to help us plan a training programme suited to your fitness and general medical condition. Therefore we need to approach your doctor to complete a medical report form. Please also include any additional written reports from the above care professionals, regarding your disability.

We would like to reassure you that your medical details will be reviewed in confidence. A copy of this page will be sent to your doctor so please ensure you sign at the appropriate place giving your consent. (Also ensure that the contact details are correct)

Doctor's Name: -----

Surgery Name: -----

Surgery address: -----

Telephone number:-----

I hereby give Irish Dogs for the Disabled permission to approach my G.P. to complete a medical form

Signed: ----- **Date:** -----



Name of the Applicant:

Section 7. MOBILITY

Describe you present 'indoor' mobility?
Describe you present 'outdoor' mobility?
What speed do you walk? (if applicable)
What speed do you travel in your wheelchair? (if applicable)

What type of mobility aid(s) do you use?

Walking stick		Manual Wheelchair	
Cane		Power Wheelchair	
Crutches		Scooter	
Walker		Stroller	
Prosthesis		Other (specify)	

How experienced are you with this equipment?

What degree of activity can you sustain?

Do you travel?

What transport do you use?

Are you able to self-transfer? Yes _____ No _____

Do you go out alone? Yes _____ No _____

Do you drive/have your own transport? Yes _____ No _____

What level of support from people / equipment do you require? (please describe)



Name of the Applicant:

Section 8. EXPERIENCE WITH DOGS

Have you any previous experience handling dogs? Yes _____ No _____
Describe you dog handling experience
Describe you ability to control a dog physically? (i.e. are you able to hold a lead?)
How would you describe your attitude to an assistance dog?
Who will be responsible for free running the dog and where?
Who will be responsible for cleaning and picking up after the dog has toileted?

Section 9. TASKS REQUIRED FROM AN ASSISTANCE DOG

Referring to the eligibility criteria as defined on page 2 of this application, please consider the tasks below and indicate which ones would assist you.

TASK	TIMES PER DAY		
	0-5	6-10	10+
Retrieve (please list each item i.e. phone, post etc)			

Position of presentation of retrieved items? (i.e. how/where you would like a dog to give you an item it has picked up – give to hand/placed in lap/to the side or in front of chair etc?)

Task	Times per day		
	0-5	6-10	10+
Push (please list each item i.e. switch/close door)			



Name of the Applicant: -----

TASK	TIMES PER DAY		
	0-5	6-10	10+
Pull (please list each item i.e. socks/open door)			

TASK	TIMES PER DAY		
	0-5	6-10	10+
Speak (i.e. to alert attention)			

TASK	TIMES PER DAY		
	0-5	6-10	10+
Walking			
Suburban (town/residential area – moderately busy)			
Urban (city/very built up area – extremely busy)			
Rural (village/sparsely populated area – quiet)			
Other (please specify)			
To walk with a wheelchair	Left hand side <input type="checkbox"/>	Right hand side <input type="checkbox"/>	

Please list any other tasks required

In your own words, please describe how you feel an assistance dog may enhance your daily life



Name of the Applicant: -----

Section 10. OTHER ENVIRONMENTS & CONDITIONS REQUIRED FROM AN ASSISTANCE DOG

	Times per week (average)		
	0-5	6-10	10+
Personal Transport			
Public transport			
Office/Workplace			
Social area i.e. Day Centre			
Supermarket / Shops			
Periods alone i.e. left at home			
Restaurants			
Children			
Church/Place of Worship			
Other (specify)			

Other places regularly visited but less frequently than a week i.e. meeting groups

Section 11 GENERAL / OTHER

What prompted you to apply?

Please describe any specific qualities required in a dog i.e. must like cats if you own a cat



Name of the Applicant: -----

Section 12. TRAINING

Availability? (Please mention any pre-booked holidays)
Will you be able to train at the Nano Nagle Centre in Mallow, Co.Cork
What is the minimum notice you need to be available for training
Would you require any specialist equipment to enable you to attend a training course? (If yes, please describe)
Would you require any specialist care to enable you to attend a training course? (If yes, please describe)

Section 13. COMMENTS

Please tell us about anything else you think may be helpful with your application

Applicant's Signature: _____ **Date:** _____

If the application was completed by another person other than the applicant, please advise:

Name: _____ **Signature:** _____

Relationship to the Applicant: _____



Name of the Applicant: -----

Section 14 APPLICANT’S DECLARATION

I authorise the Irish Dogs for the Disabled to make any enquiries necessary to deal with my application for an assistance dog.

I agree to advise the Irish Dogs for the Disabled of any changes in circumstances which occur after the application has been submitted

I understand that any false documentation given by me may result in my application being declined

Applicant’s Signature: ----- **Date:** -----

Name of the Applicant: -----

DATA PROTECTION STATEMENT

The information on this form will be used by the Irish Dogs for the Disabled to assess your needs and as the basis for you assistance dog application. This information may be checked with other agencies/bodies as necessary to support the details of your application

Only relevant information will be held on the Training Department’s Application Register/files. In accordance with the terms of the Data Protection Acts 1988 & 2003 and Irish Dogs for the Disabled will be the data controller for the for the purpose of the Act. For more information see www.dataprotection.ie

MEDIA & FUNDING

Because of our charitable status, media coverage and fundraising, remains an integral part to the ongoing success of our charity and ultimately increases the amount of people we can help. You may therefore be asked (once in an established qualified partnership) to become involved in media coverage and /or public events. Please give an indication of how you feel about this

Please tell us how you heard about us
