



AFFILIATED ASSOCIATE & REGISTERED HANDLER

RESPONSIBLE PERSONS DECLARATION

I,

of

[address]

declare that:

- I have not been charged or convicted with a criminal offence in relation to Vulnerable Persons, Youth or Children, Violence or other such offences which may impact on the safety, health or wellbeing of other Handlers, or Association Members.
- While I am a registered Handler with PAWSOME ASSISTANCE DOGS INC, I agree to notify the Executive Committee in writing immediately if I am charged with an acts relating to the identified Offences, and acknowledge that my registration may be suspended pending the outcome of the charges.
- While I am a registered Handler with PAWSOME ASSISTANCE DOGS INC, I agree to notify the Executive Committee in writing immediately if I become disqualified from being a Affiliate Associate or Registered Handler due to a conviction relating to the identified Offences.
- I agree that the Association holds the right to terminate my registration, if it deems such charges and convictions, as detrimental to the operations and reputation of PAD.
- I acknowledge I cannot be registered, or remain registered, as an Associate or Handler with PAD, if any of the afore mentioned charges or offences apply.
- If you are a current Blue Card holder, please attach a copy of the card.

Declared at:

[location]

On:

[date]

Declarant Name

Signature:

Witness Name: (please print)

Witness Signature:

The Witness may be any adult non-family member.

Please provide a scanned copy/photo of this signed document ASAP, by email, and post the hard copy. Include a copy of your Blue Card if you have one.

Email: pawsomeassistancedogs@outlook.com

Mail: PO BOX 187, Coopers Plains, Q 4108

Secretary Mobile: 0468614303

BLANK

BLANK

BLANK

BLANK

BLANK

BLANK

BLANK

PAWSOME ASSISTANCE DOGS INC ISSN 1837977X

BLANK

BLANK

BLANK

PAWSOME ASSISTANCE DOGS INC ISSN 1837977X