



**AFFILIATED ASSOCIATE & AFFILIATED REGISTERED SELF TRAINING HANDLER
APPLICATION FORM 1**

SUMMARY: -

PRIMARY HANDLER LEGAL NAME _____

PREFERRED NAME

DOB _____

FACEBOOK PROFILE NAME _____

PHONE NUMBER _____

EMAIL _____

ADDRESS _____

DOG'S NAME _____ **SEX/BREED** _____

DESEXED YES/NO **DOB** _____

DATE CAME INTO YOUR CARE

ALTERNATE HANDLER LEGAL NAME (If Primary is a Minor OR an Adult under Guardianship)

DOB _____

FACEBOOK PROFILE NAME: _____

SECONDARY HANDLER LEGAL NAME (If required) _____

DOB _____

FACEBOOK PROFILE NAME _____

CHECKLIST

Please ensure ALL your application forms are provided.

The application cannot be processed without completion of all documents.

Use this Checklist to be sure you have everything required.

FORMS MUST BE SIGNED.

Have you completed: -

FORM 1 SIGNED	YES/NO
FORM 2 (Medical Referral attached)	YES/NO
FORM 3 SIGNED	YES/NO
CODE OF CONDUCT SIGNED	YES/NO
RESPONSIBLE PERSONS DECLARATION SIGNED	YES/NO
VET REPORT ATTACHED	YES/NO
BLUE CARD DETAILSQ	YES/NO

NOTE: Second Handlers will be required to complete their own forms, if you require an authorised Second Handler please request the forms. Second Handler ID Cards incur an additional cost.

Thank you for applying to PAWSome Assistance Dogs

DATA BASE INFORMATION IN DETAIL

PRIMARY HANDLER (person who relies upon the dog for support)

Primary Handler Legal Name: _____

Primary Handler Known As: _____

Primary Handler Facebook Profile Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Mobile: _____ Date of Birth _____

Email: _____

Is the Primary Handler a Minor, or an Adult under a Guardianship Yes/No?

If YES, an Alternate Handler must be nominated.

ALTERNATE HANDLER (The Adult who will be responsible for/ in control of the Primary Handler's Assistance Dog)

Alternative Handler Legal Name: _____

Alternative Handler Known As: _____

Alternate Handler Facebook Profile Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Mobile: _____ Date of Birth _____

Email: _____

SECOND HANDLER (A nominated person, able to assist with responsibility of the Assistance Dog, particularly where there may be a need for the dog to be separated from the Primary Handler, such as medical appointments, or to maintain its training)

Second Handler Legal Name: _____

Second Handler Known As: _____

Second Handler Facebook Profile Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Mobile: _____ Date of Birth _____

Email: _____

NOTE: request Second Handler forms if requesting to authorise another person to Handler your dog.

MEDICAL REQUIREMENT

Do you have a Disability as defined by the Act and a letter from a Medical Professional to support your need for an Assistance Dog?

If yes, please attach Medical Referral as outlined in FORM 2 letter.

If no, please explain.

Please identify your medical needs for an Assistance Dog _____

ACCESS & INTEGRATION PLANS OR RESIDENTIAL APPROVAL ASSISTANCE

Do you require assistance with an Access and Integration plan for Education Facility/Employer
YES / NO?

Do you require assistance with pre-approval for Residential Authorisation YES / NO?

BLUE CARD ELIGIBILITY

I confirm I am eligible to apply for a volunteer Blue Card if required by the Association.

If you are not eligible, please provide information separate to this form as to why you are not eligible or would not be prepared to apply for a Blue Card. Explain why you believe you should be accepted for registration.

I hold a current Blue Card, Number _____ Expires _____

Attach a copy

DOG INFORMATION

Do you currently have a dog you wish to train as an Assistance Dog? Yes / No

Name of Dog _____

Breed _____ DOB _____

Male / Female _____ DESEXED? _____

If not desexed, what are your intentions? _____

How old was the dog when it came into your care? _____

PLEASE PROVIDE A SEPARATE DOCUMENT FROM YOUR VET FOR VERIFICATION OF HEALTH, VACINATIONS, & MICROCHIP NUMBER

Is it a rescue dog? If so at what age did it come to you? _____

Please explain the circumstances of its rescue _____

GENERAL INFORMATION

Describe your activity/fitness level for dog training (High/Medium/Low):

Do you use any medical aids or equipment? YES / NO Please list:

Please give any additional information about yourself which may aid in assessing your application: _____

Do you currently belong to any other assistance dog organisations or have left another organisation in the past 2 years? Yes / No If yes, which one/s, and why?

How did you hear about PAD? _____

DECLARATION

IF ACCEPTED, I agree to abide by the Standards, Rules, Guidelines, and Requirements outlined in the Affiliate Associate & Affiliate Registered Self Training Handler Agreement provided as a separate document in FORM 3, and any future changes or additions to PAD Policies and Procedures.

I acknowledge my application will not be assessed until all required documentation is received by the PAD Secretary, in the required forms (Digital and Hard Copy).

I acknowledge there are fees involved in my application and if accepted, a Registered Affiliation Fee, Annual Fees, plus other incidental fees from time to time that the Association may set, all of which will be outlined to me during the process.

I acknowledge that as an Affiliate Associate or Affiliated Registered Self Training Handler of PAWSome Assistance Dogs Inc, I am NOT a member of the PAWSome Assistance Dogs Inc Association.

I acknowledge, I have been informed that PAWSome Assistance Dogs Inc is a separate entity, that has control of, and oversees, the operations of the Affiliated Associate and Affiliated Registered Self Training Handlers Registration, Assessment and Certification.

I acknowledge that I have been informed of the compliance requirements for active contact, regular public access standard reviews and all other policies, procedures and by-laws, and that failure to comply with any or all of these may result in my de-registration without appeal or refund.

I confirm that the dog I am proposing to use as the Assistance Dog –

- Is physically and mentally sound
- Has full use of all senses and limbs
- Has no chronic health conditions that will interfere with work in public
- Is or will be fully vaccinated
- Is or will be de-sexed at a time advised by the Vet

- Is not in a guardianship program, and will not be used for breeding purposes.
- Responds to basic obedience commands, or is being trained to do so
- I agree to withdraw from attending events if my dog is on Heat (female), or unwell in any form that might cause risk or harm to other dogs.
- I agree to comply with the PAD Assistance Dog Etiquette Policy, and any specified rules in relation to my own dog, as a condition of my continued registration.
- I acknowledge an Assistance Dog is a working dog, and as such it is not a pet, even in public environments where domestic dogs may be permitted. As a Team we must at all times comply with the PAD Assistance Dog Standards in ANY Public Place. Examples being Pet Friendly Cafes, Nurseries, Pet Shops and Bunnings, the dog is required to remain in working mode. To do otherwise only creates confusion for the dog's training and for the general public who may then not associate the dog as a working dog in other environments.
- I acknowledge and accept that an Assistance Dog is not a pet, or an emotional or therapy support dog, neither is it a child or human. If it is in Public, it is working. If I do not require it to be working in public, the Association has the right to question the validity of my need. (Exceptions to this would be recreational activities such as outdoor walks, dog parks and camping or beaches, at which times the dog is not to be wearing the PAD jacket. If in doubt, please verify the exception)
- I acknowledge the Association does not condone the working of any dogs that are unfit for purpose. If my dog's fitness changes, I agree to advise the Association in writing ASAP. (This includes dogs who are, behaviourally or mentally unstable, seriously injured, ill, diseased, etc; and dogs who have loss of limb or limb function, skeletal/muscular deformities, incomplete use of senses, soundness issues, aggressive tendencies, epilepsy, seizures, etc)
- In recognition of the issues already existing in the public's understanding, knowledge, and perception of what an Assistance Dog, does, is for, or looks like, particularly in terms of public behaviour and standards, I agree to abide by the ruling that PAD certified Assistance Dogs are not to be used in any form of physical competition. Trick, Agility, Luring and any other forms of training which are used purely for enrichment, or related to tasking and obedience may be used at the informal level, but dogs may not be involved in any forms of physical Competition. Photographic competitions are excluded.
- I acknowledge that an Assistance Dog's role is to be fully focused on the Handler, and the Handler's needs. Competitions are contrary to this component of training and certification, due to the distractions from work and the potential separation from the Handler that may be involved. Therefore, I accept that no Handler Team registered with PAD may be involved in Formal Competitive Dog work. To do so will result in deregistration.
- I acknowledge that I will be required to lead my dog by a collar and traffic lead at all times during public access. If my dog is a breed that will easily slip its collar, I will also

have an appropriate harness to which the collar is anchored. I acknowledge I am permitted to use a harness and tether lead as a secondary restraint point but must not use these as the primary source of communication and control of the dog.

- I agree to read all By-Laws, policies and procedures and abide by them, or risk being given a warning, or being de-registered, for inappropriate behaviour and compliance.
- I acknowledge that the first twelve months of registration with PAD is probationary and the Committee reserves the right to cancel my registration without appeal or refund if I failure to comply with all standards, codes and regulations.
- I acknowledge that an Assistance Dog cannot be used for any other purpose. For example an Assistance Dog cannot have a dual role as a Therapy or Emotional Support Dog.

APPLICANT SIGNATURE

DATE

You will require an ID Card Security answer to the following question – What is your favourite colour? (please specify, and record this answer for the future, this plus the registration number you will be assigned will provide you with access to the ID Card portal, once you are assessed for public access)

MANAGEMENT COMMITTEE REVIEW DATE _____

Accepted / Denied Authorising Officer _____

Database Registration Number: _____