



# Disability Assistance Dogs

*Providing Seizure Response, Diabetic Alert, Nut Allergy and Wheelchair Assistance Dog Training.*

Registered with the Charity Commission for Northern Ireland Charity Number  
NIC104551

## Client Application Form (Epilepsy/Diabetes)

**Please Note: This form should be completed in BLACK INK**

**This form needs to be completed by a parent/guardian if the applicant is under 18 years old.**

Please affix a  
recent  
photograph of  
yourself here

### Section 1. Personal Details

	Applicant
Mr/Mrs/Miss/Ms/Other	
First Name	
Surname	
Date of Birth	
Current Address, including Postcode	
Telephone No. (Home) (Work) (Mobile)	
Email Address	

In your own words, please describe how you feel an assistance dog may enhance your daily life, including aspects of your medical condition that you think is relevant.


## Section 2. Your Home Circumstances

Adults living in household (other than applicant)	Name	Age	Relationship to you.
Children living in the household			
Are members of the household supportive of your application? (if not, please describe concerns)			

## Section 3. Your Disability

Type of Disability	
Date of onset	

Please explain in your own words how often your disability presents with symptoms e.g. hypos, seizures etc.

Please provide as much information as possible in the box below, including how your condition affects your daily life.

Are you able to hear and see sufficiently to follow instructions fully? Yes.....No.....
If 'No' please describe how you would like to receive instruction
Are there any health factors or secondary disabilities that you feel may affect your training? Yes..... No .....
If yes, please describe

#### Section 4. Your dog

Name of dog	
Approx age of dog	
Gender of dog	
Breed of dog	
Is the dog neutered/spayed?	
Do other dogs live in the household? If so, how many?	
Have you achieved Kennel Club bronze standard obedience level with your dog?	

#### Section 5. Tasks required from an assistance dog.

Please consider the tasks below and indicate which ones would assist you.

Retrieve: Please list each item e.g. blood meter , hypo kit, blanket etc.	
Alert to onset of seizures/hypos etc. (N.B. not always possible to train dogs to alert to seizures)	
Alert another person e.g. barking or pressing bell to alert neighbour	

Provide comfort e.g. lie beside client during and after	
Other potential requirements—please state any other tasks you think the dog may be able to help	

### Section 6. Training Availability

Please state any days you are not available for training, if any
Will you be able to travel to the training venue?
What is the minimum notice you need to be available for training?
Do you require any specialist equipment to enable you to attend training? (If yes, please describe)
Do you require any specialist care to enable you to attend training (If yes, please describe)

### Section 7. Employment Circumstances—Please complete the following section ONLY if you intend to take your dog to work.

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

Have you obtained permission to have an assistance dog in your workplace?
What concerns, if any, has your employer raised in relation to you having an assistance dog
Describe the facilities available for the dog at your workplace (e.g. toileting area)

**Section 8. General/Other**

What prompted you to apply?

**Section 9. Comments**

Please tell us 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** .....

**Section 12. Applicant's Declaration.**

I agree to advise Disability Assistance Dogs of any changes in the circumstances which occur after the application has been submitted.

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

I confirm I have enclosed documentary evidence of required dog vaccinations and kennel cough vaccinations.

Please note: Each dog team will be subject to a temperament test to determine suitability of the dog team for training as an assistance dog. This will be carried out by our senior dog trainer.

I understand that Disability Assistance Dogs does not supply trained Assistance Dogs or train the dog for you. Their role is to teach me how to train my dog so that he/she will reach the required standard to become and Assistance Dog for me.

Applicants Signature ..... Date .....

Name of Applicant (Capitals please) .....

**Data Protection Statement.**

The information on this form will be used by Disability Assistance Dogs to assess your needs and as the basis for your application.

Only relevant information will be held on the files.

In accordance with the terms of the Data Protection Act, Disability Assistance Dogs will be the data controller for the purposes of the Act.

**Media and Fundraising**

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.

.....

The completed application form should be sent to:

Disability Assistance Dogs, 41 Patrician Park, NEWRY, Co. Down, BT35 8NF