



Disability Assistance Dogs

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

Registered with the Charity Commission for Northern Ireland Charity Number
NIC104551

Client Application Form (Mobility Assistance)

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	
Is your condition stable or progressive?	

Do you have any? (please tick all that)	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 your gait and balance.
Describe maximum mobility. How far can you walk/travel and how long would it take?
Describe the ability of movement in the rest of your body

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. Mobility

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

What type of mobility aids do you use? (please tick all that are applicable)

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)

Section 5. 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?	

Have you any previous experience handling dogs? Yes..... No.....
Please describe your dog handling experience
Please describe your ability to control a dog physically
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 6. Tasks required from an assistance dog.

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

Task	Number of times task is required per day		
	0-5	6-9	10+
Retrieve (please list each item			

Position of presentation of retrieved items? (i.e. how/where you would like your dog to give

Task	Number of times task is required per day		
	0-5	6-9	10+
Push (please list each item e.g. switch/close a door)			

Task	Number of times task is required per day		
	0-5	6-9	10+
Pull (please list each item e.g. socks/open a door)			
Speak (bark to alert attention)	0-5	6-9	10+

Walking with your dog— Please indicate the following:

To walk with a wheelchair	Left hand side	Right hand side
To walk with a scooter	Left hand side	Right hand side

Please list any other tasks required.

Section 7. Other environments and conditions required from an assistance dog

	Number of times per week (average)		
	0-5	6-9	10+
Personal Transport (car)			
Public Transport			
Office/Workplace			
Social area e.g. Day Centre			
Supermarket/shops			
Periods alone (i.e. left at home)			
Restaurants/hotels			
Church/Place of Worship			
Children			
Other (specify)			
Other places regularly visited but less frequently than weekly (e.g. meeting groups)			

Section 8. 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 9. 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 10. General/Other

What prompted you to apply?

Section 11. 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 7

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.

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Please tell us how you heard about us.

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The completed application form should be sent to:

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