Proposal for therapy dog training with Pawsitive Squad CIC

Your name:		Pronouns:	
Profession:			
Organisation:		Structure: (e.g. ltd	
		company, charity,	
		sole trader, school)	
Role in		Working hours:	
organisation:		ŭ	
Please give a brief outline of your organisation including service provided, ages and			
needs of young people you work with, 1:1 or groups, group size.			
Dogs Name:		Dogs age:	
Breed:		Dogs gender:	
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Why would you like to train your dog as a therapy dog with us?			
How do you envisage your dog fitting in with your current role & hours?			
(e.g. would be in the nurture room at school to support students as needed 3 days per week/			
working in our clinic 5 days a week with selected OT clients/ in the school library mornings 5			
days per week/ in our Lifeskills classes 3 x 1 hours per week etc)			
Does your dog have any behavioural or emotional difficulties? If yes, what?			
Please explain how you will be insuring your dog as a therapy dog including the provider&			
who will be responsible for arranging this. Please note standard pet insurers will not			
cover you.			
If you're not the owner of the organisation, please explain where you are in terms of			
approval for your dog becoming a therapy dog (i.e have you spoken to the board,			
leadership team, has funding been agreed, health and safety officer agreed etc)			
	confirm that the	ne information provide	d ahove is honest and
I, confirm that the information provided above is honest and accurate to the best of my knowledge.			
Sign:		Date:	

