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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Pilot Disabled Parents Pawsitive Squad Assistance Dog Program Application** | | | | | | | | | | |
| **Full Name:** |  | | | **Like to be called:** | | |  | | | |
| **Gender pronoun *(She, they, Ze etc)*** |  | | | **Date of Birth:** | | |  | | | |
| **Home Address:** |  | | | | | | | | | |
| **Email:** |  | | | | | | | | | |
| **Mobile:** |  | | | **Home Tel:** | | |  | | | |
| **In Case of Emergency (ICE) contact**  This person needs to be someone we can contact in an emergency, who is not likely to be at face to face sessions with the young person. | | | | | | | | | | |
| **ICE name:** |  | | | **ICE mobile:** | | |  | | | |
| **ICE relation to you:** |  | | | **Address of ICE:** | | |  | | | |
| **Pawsitive Squad** | | | | | | | | | | |
| **Why would you like to join the pilot study?** | | |  | | | | | | | |
| **Why have you chosen Pawsitive Squad to apply to over other organisations? Have you applied to other organisations in the past? If yes what was the outcome.** | | |  | | | | | | | |
| **Eligibility Criteria** | | | | | | | | | | |
| To be eligible for our pilot study you must meet at least 1 of the following criteria, please select all that apply:   * Be a full time wheelchair user outside the home * Be in receipt of enhanced rate mobility PUP due to physical health needs * Have a condition which causes sudden, acute medical events such as epilepsy, POTS, type 1 diabetes, severe contact allergic reaction e.g. type 1 latex allergy * Have a physical health condition which severely impacts on energy levels and daily living tasks. | | | | | | | | | | |
| **Household & family** | | | | | | | | | | |
| **Name of all household members, relation to applicant & age if under 16.** | | | |  | | | | | | |
| **Does anyone in the household smoke? If yes do they smoke inside?** | | | |  | | | | | | |
| **Does you have any local authority support? (safeguarding, disability team, housing etc)** | | | |  | | | | | | |
| **Does you have any carers (paid or unpaid)? If yes, who?** | | | |  | | | | | | |
|  | | | |  | | | | | | |
| **Health** | | | | | | | | | | |
| **What disabilities and health conditions are you diagnosed with? (please attach evidence)** | | | |  | | | | | | |
| **Do you require a changing place?** | | | |  | | | | | | |
| **Any allergies or sensitivities?** | | | |  | | | | | | |
| **Does you have a care plan for managing a chronic condition e.g. seizure or diabetic? If yes please attach a copy.** | | | |  | | | | | | |
| **Do you have any difficulty seeing, hearing or communicating?** | | | |  | | | | | | |
| **What medication & equipment do you require in public (e.g. inhaler, oxygen, rescue meds, suction, wheelchair, splints etc).** | | | |  | | | | | | |
| **Treatments & therapies** | | | | | | | | | | |
| **Condition being treated/ reason for therapy** | | **How long have they had it?** | | | **Type of Treatment or therapy, if any** | | | | **How often do they receive this treatment** | |
|  | |  | | |  | | | |  | |
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| **Difficulties** | | | | | | | | | | |
| **For the following items please tick the most relevant box** | | | | **No difficulty** | | **Needs prompting/ supervising** | | **Needs some practical assistance** | | **Cannot alone** |
| **Set alarm before bed then wake up & stay awake when alarm sounds** | | | |  | |  | |  | |  |
| **Get out of bed** | | | |  | |  | |  | |  |
| **Get dressed** | | | |  | |  | |  | |  |
| **Put on shoes & any splints** | | | |  | |  | |  | |  |
| **Open cupboards, fridge or drawers** | | | |  | |  | |  | |  |
| **Pick food out of cupboards** | | | |  | |  | |  | |  |
| **Carry food from cupboard to side or table** | | | |  | |  | |  | |  |
| **Fetch a drink** | | | |  | |  | |  | |  |
| **Call for help in an emergency (either by verbal or emergency cord)** | | | |  | |  | |  | |  |
| **Load and unload washing** | | | |  | |  | |  | |  |
| **Open and close doors** | | | |  | |  | |  | |  |
| **Pick items off floor** | | | |  | |  | |  | |  |
| **Press crossing buttons at traffic lights** | | | |  | |  | |  | |  |
| **Avoid obstacles in path** | | | |  | |  | |  | |  |
| **Find exit in a building** | | | |  | |  | |  | |  |
| **Pass wallet/money to cashier** | | | |  | |  | |  | |  |
| **Move items from one place to another** | | | |  | |  | |  | |  |
| **Have medical events which result in lack of consciousness (faint, seizures etc)** | | | |  | |  | |  | |  |
| **Have medical events which are acutely life threatening?** | | | |  | |  | |  | |  |
| **Please explain any way, not covered above that their disabilities impact on your life, parenting and family** | | | |  | | | | | | |
| **Your Dog** | | | | | | | | | | |
| **Dog’s Name:** | |  | | | **Dogs DoB:** | | | |  | |
| **Dog’s Breed:** | |  | | | **Dogs Gender:** | | | |  | |
| **Microchip Number:** | |  | | | **Weight:** | | | |  | |
| **Colour & markings:** | | | | |  | | | | | |
| **What Flea and worm products do you use?** | | | | |  | | | | | |
| **Describe your dog’s personality (e.g. boisterous, high energy, lazy):** | | | | |  | | | | | |
| **Does your dog have any pre-existing health problems?** | | | | |  | | | | | |
| **What motivates your dog? (toys, treat/food, stroking etc)** | | | | |  | | | | | |
| **Any behavioural or emotional issues e.g. barking, toileting inside, anxious etc** | | | | |  | | | | | |
| **Has your dog ever received any type of training (e.g. puppy, obedience) from another organisation? If yes where, when and for how long?** | | | | |  | | | | | |
| I confirm that, to the best of my knowledge, all information provided in this application form is accurate. I understand that deliberately providing false or misleading information may result in refusal of application or removal from the assistance dog program.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |

Check List – Please attached all of the following with your application form:

* Fully completed application form (this form)
* Medical evidence for ALL disabilities and health problems
* Copy of any care plans for acute medical events (e.g. diabetes or epilepsy)