

## Pawsitive Squad Assistance Dog Program Application

|                                                           |  |                                                        |  |
|-----------------------------------------------------------|--|--------------------------------------------------------|--|
| <b>Responsible Handler Name:</b>                          |  | <b>Young person's (YP) name:</b>                       |  |
| <b>Relation to YP:</b>                                    |  | <b>YP likes to be called:</b>                          |  |
| <b>Gender pronoun for YP (e.g. He, she, they, Ze, Ey)</b> |  | <b>Young person's Date of Birth &amp; current age:</b> |  |
| <b>Home Address:</b>                                      |  |                                                        |  |
| <b>Responsible handlers' email:</b>                       |  |                                                        |  |
| <b>Home Tel:</b>                                          |  | <b>RH mobile:</b>                                      |  |

### **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.

|                              |  |                          |  |
|------------------------------|--|--------------------------|--|
| <b>ICE 1 name:</b>           |  | <b>ICE 1 mobile:</b>     |  |
| <b>ICE 1 relation to YP:</b> |  | <b>Address of ICE 1:</b> |  |
| <b>ICE 2 name:</b>           |  | <b>ICE 2 mobile:</b>     |  |
| <b>ICE 2 relation to YP:</b> |  | <b>Address of ICE 2:</b> |  |

### **Pawsitive Squad**

|                                                                                                                                                                    |                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Why have you decided to train your dog to be an assistance dog? How long have you been actively considering this?</b>                                           |                                                                                                                                          |
| <b>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.</b> |                                                                                                                                          |
| <b>Which membership do you wish to apply for?</b>                                                                                                                  | <input type="checkbox"/> <b>Full membership (£45 per month)</b><br><input type="checkbox"/> <b>Task based membership (£25 per month)</b> |

### **Eligibility Criteria**

To be eligible for our assistance dog program, the young person must meet EITHER 1 criteria from pathway A or at least 3 of the criteria from pathway B. Please select **ALL** the below criteria which you/ your child meet. The child/ young person must also have a prescribed disability (a disability 'prescribed' by a qualified medical professional, this includes conditions with no name. This is a legal requirement outlined in the Equality Act, 2010 and not specific to Pawsitive Squad CIC).

#### **PATHWAY A**

- Be over 5 years old and have less than 50 words verbally.
- Be in receipt of high-rate care & high-rate mobility DLA with at least 6 months left on your award.
- Be in receipt of PIP daily living enhanced rate AND PIP enhanced rate mobility with at least 6 months left on your award.
- Live in an assisted living facility or have at least 12 hours of funded care outside of education per week.
- Have an NHS continuing care package (child) or NHS continuing health care package (adult)
- Require 2:1 care in the community (outside the home)

- Be a full-time wheelchair user.
- Require long term ventilation.
- Have any condition which is likely to be fatal before or during early adulthood.
- Have a diagnosis of epilepsy that has not been controlled with adequate trials of at least three anti-epileptic drugs.
- Have a condition which causes potentially life-threatening medical events which has not responded to OR is not effectively controlled with standard medical treatments.
- Have an allergy which causes anaphylaxis when touching the allergen, without consuming it.

#### **PATHWAY B**

- Need to use AAC to support communication (e.g., Makaton, switches, PECS)
- Regularly experience severe emotional or sensory overwhelm resulting loss of self-control over behaviour (aged 9+)
- Be unable to retain the focus/ attention required to keep safe in public environment e.g., regularly running or wandering off or regularly falling due to lack of focus (for aged 9+)
- Be unable to cross the road without reliably stopping at the curb and being able to assess whether it is safe to cross the road or not (for aged 10+).
- Have received hospital inpatient care for mental health difficulties within the last 5 years.
- Have a school attendance of below 75% OR be on a long term reduced timetable OR be home educated due to lack of suitable SEND provision OR have an EOTAS package provided by your local authority OR attend a specialist provision OR be unable to access education without 1-2-1 support for at least 10 hours per week in full time education in a mainstream setting OR receive 1-2-1 support for at least 3 hours per week in 6<sup>th</sup> form, college or university.
- Have an upper limb difference
- Have a diagnosis of moderate, severe, or profound learning disabilities.
- Require regular complex medical care provided by a specially trained adult or registered nurse (includes – providing oxygen at varying rates (excluding set rate given at night-time and set rate during the day), dialysis (home or hospital-based), parenteral or enteral nutrition or stoma care).
- Experience severe fatigue, weakness, involuntary movements, or tremor which significantly impacts on their ability to meet their own needs compared to non-disabled peers.
- Be physically unable to walk more than 200 meters OR experience severe pain or fatigue when walking over 200 meters.
- Be physically unable to pick up dropped items or reach items on low shelves.
- Be unable to go shopping & attend vital medical appointments without practical support from a parent/carer (for aged 16+)
- Have been unable to maintain a previous job due to disability (for aged 18+)

Have you read the eligibility for dog and young person including criteria? If yes, are you positive you meet the criteria? \_\_\_\_\_

| <b>Social</b>                                                                                           |  |
|---------------------------------------------------------------------------------------------------------|--|
| <b>Who lives at home with the young person, (please include date of birth of any siblings under 18)</b> |  |
| <b>Does anyone in the household smoke? If yes do they smoke inside?</b>                                 |  |
| <b>Who has parental responsibility for the young person if under 18?</b>                                |  |
| <b>Does the young person have any safeguarding involvement?</b>                                         |  |

|                                                                                                                                                                                                    |                                   |                             |                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------|-------------------------------------------------|
| <b>Has the young person been assessed to be unable to make decisions for themselves (if over 18) (deprivation of liberty)?</b>                                                                     |                                   |                             |                                                 |
| <b>Does the young person have an EHCP, continuing care, DLA, care package/ direct payments? If yes to CC or EHCP please attach copy with application if you're willing to share.</b>               |                                   |                             |                                                 |
| <b>Does the young person have additional carers or support staff (at any time including school)? If yes who and why?</b>                                                                           |                                   |                             |                                                 |
| <b>Does the young person require a changing place for personal care?</b>                                                                                                                           |                                   |                             |                                                 |
| <b>If the young person is mandatory education age, How and where does they young person access education? If they attend an education facility please provide their name &amp; address.</b>        |                                   |                             |                                                 |
| <b>Health</b>                                                                                                                                                                                      |                                   |                             |                                                 |
| <b>What disabilities and health conditions are the young person diagnosed with? Please attach reports evidencing ALL of these.</b>                                                                 |                                   |                             |                                                 |
| <b>Is the young person under assessment for any undiagnosed difficulties?</b>                                                                                                                      |                                   |                             |                                                 |
| <b>What health care professionals does the young person see (doctors, therapists etc). Please provide the name, job title and where (e.g. QMC hospital, school etc) the professional is based.</b> |                                   |                             |                                                 |
| <b>Any allergies or sensitivities?</b>                                                                                                                                                             |                                   |                             |                                                 |
| <b>Does the young person have a care plan for managing a chronic condition e.g. seizure or diabetic? If yes please attach a copy.</b>                                                              |                                   |                             |                                                 |
| <b>Does the young person have any difficulty seeing, hearing or communicating?</b>                                                                                                                 |                                   |                             |                                                 |
| <b>What medication &amp; equipment does the young person require in public (e.g. inhaler, oxygen, rescue meds, suction, wheelchair, splints etc).</b>                                              |                                   |                             |                                                 |
| <b>Treatments &amp; therapies</b>                                                                                                                                                                  |                                   |                             |                                                 |
| <b>Condition being treated/ reason for therapy</b>                                                                                                                                                 | <b>How long have they had it?</b> | <b>Treatment or therapy</b> | <b>How often do they receive this treatment</b> |
|                                                                                                                                                                                                    |                                   |                             |                                                 |
|                                                                                                                                                                                                    |                                   |                             |                                                 |

| Difficulties                                                                                                 |               |                                 |                                 |              |
|--------------------------------------------------------------------------------------------------------------|---------------|---------------------------------|---------------------------------|--------------|
| For the following items please tick the most relevant box for the young person and their practical abilities | No difficulty | Needs prompting/<br>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                                                                                                |               |                                 |                                 |              |
| Physically take medication                                                                                   |               |                                 |                                 |              |
| Call for help in an emergency (either by verbal or emergency cord)                                           |               |                                 |                                 |              |
| Load and unload washing                                                                                      |               |                                 |                                 |              |
| Open and close doors                                                                                         |               |                                 |                                 |              |
| Pick items off floor                                                                                         |               |                                 |                                 |              |
| Travel safely down path of village road                                                                      |               |                                 |                                 |              |
| Travel safely through town centre                                                                            |               |                                 |                                 |              |
| Stop at crossings and wait for cars to stop                                                                  |               |                                 |                                 |              |
| Press crossing buttons at traffic lights                                                                     |               |                                 |                                 |              |
| Avoid obstacles in path                                                                                      |               |                                 |                                 |              |
| Follow a planned journey & route                                                                             |               |                                 |                                 |              |
| Find exit in a building                                                                                      |               |                                 |                                 |              |
| Navigate through a shop including to tills                                                                   |               |                                 |                                 |              |
| Pass wallet/money to cashier                                                                                 |               |                                 |                                 |              |
| Move items from one place to another                                                                         |               |                                 |                                 |              |
| Follow verbal instruction                                                                                    |               |                                 |                                 |              |
| Travel to and from education placement                                                                       |               |                                 |                                 |              |
| Sit and focus for the duration of an activity/homework                                                       |               |                                 |                                 |              |
| Remember to take any medication                                                                              |               |                                 |                                 |              |
| Does the young person...                                                                                     | Not at all    | sometimes                       | often                           | always       |
| Experience sensory overload, anxiety or distress in FAMILIAR public but quiet areas? (e.g. local village)    |               |                                 |                                 |              |
| Experience sensory overload, anxiety or distress in FAMILIAR public busy / loud areas? (e.g. town centre)    |               |                                 |                                 |              |
| Experience sensory overload, anxiety or distress in FAMILIAR indoor public spaces (such as super markets)?   |               |                                 |                                 |              |

|                                                                                                              |  |  |  |
|--------------------------------------------------------------------------------------------------------------|--|--|--|
| Experience sensory overload, anxiety or distress in UNFAMILIAR public but quiet areas? (e.g. local village)  |  |  |  |
| Experience sensory overload, anxiety or distress in UNFAMILIAR public busy / loud areas? (e.g. town centre)  |  |  |  |
| Experience sensory overload, anxiety or distress in UNFAMILIAR indoor public spaces (such as super markets)? |  |  |  |
| Experience flash backs or dissociative episodes?                                                             |  |  |  |
| Experience sensory overload 'meltdown'                                                                       |  |  |  |
| Experience emotional overload 'meltdown'                                                                     |  |  |  |
| Experience panic attacks                                                                                     |  |  |  |
| Run away in public                                                                                           |  |  |  |
| Refuse to go out                                                                                             |  |  |  |
| Please explain any way, not covered above that their disabilities impact on the young person's life          |  |  |  |

### 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? |  |              |  |

### Permissions

|                                                                                                                                                                                                                       |                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Do we have permission to photograph & video <b>your dog</b> and to share these images & clips for any purpose including posters, social media, mainstream media, fundraising & promotional materials. The law on dogs | <input type="checkbox"/> Yes, I give full permission for photographs and videos of my dog to be taken and used for any Pawsitive Squad business purpose |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| differs to humans, you cannot insist we remove any content previously shared but can remove this permission for future content at any point.                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> <b>No, I DO NOT</b> give permission for photographs and videos of my dog to be taken                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Do we have permission to photograph & video <b>of or including the young person</b> and to share these images & clips for any purpose including posters, social media, mainstream media, fundraising & promotional materials. Once images are shared online it's important to remember that we have limited control as to where those images reach and limited ability & responsibility to retract & remove images.                                                                     | <input type="checkbox"/> <b>Yes, full permission</b> for photographs and videos to be taken and used for any Pawsitive Squad business purpose                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> <b>Yes, IF their face is blurred</b> for photographs and videos to be taken and used for any Pawsitive Squad business purpose                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> <b>No, they need to be totally cropped out of any photographs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Do we have permission to photograph & video <b>of any other members of your household who are attending training, workshops or assessments with you</b> and to share these images & clips for any purpose including posters, social media, mainstream media, fundraising & promotional materials. Once images are shared online it's important to remember that we have limited control as to where those images reach and limited ability & responsibility to retract & remove images. | <input type="checkbox"/> <b>Yes, full permission</b> for photographs and videos to be taken and used for any Pawsitive Squad business purpose                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> <b>Yes, IF their face is blurred</b> for photographs and videos to be taken and used for any Pawsitive Squad business purpose                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> <b>No, they need to be totally cropped out of any photographs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Do we have permission to use the young person, their parents/ guardian and their dogs <b>real first names</b> for any business purpose e.g. social media, posters, mainstream media etc?                                                                                                                                                                                                                                                                                                | <p>You <b>do have</b> permission to use the first names of:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The young person</li> <li><input type="checkbox"/> The parents/ guardian</li> <li><input type="checkbox"/> The dog</li> </ul> <p>You <b>do not</b> have permission to use the real first names of:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The young person</li> <li><input type="checkbox"/> The parents/guardian</li> <li><input type="checkbox"/> The dog</li> </ul> |

I agree with the above permissions young person's signature (If possible) \_\_\_\_\_

*(even if the young person is unable to sign please do discuss with them if they are able to understand, if they are happy with the permissions. We want to empower young people to have as much say as possible).*

I agree with the above permissions I have granted:

Parent/ Guardian or young person if they're over 16's signature: \_\_\_\_\_

Full name: \_\_\_\_\_

Date: \_\_\_\_\_

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.

Parent/ Guardian/ Young person if over 16's Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check List – Please attach 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)