**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 organisation:** |  | **Working hours:** |  |
| **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:** |  |
|  |
| **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)*** |
|  |
| **I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that the information provided above is honest and accurate to the best of my knowledge.**  |
| **Sign:**  | **Date:** |