



PAD AFFILIATE OR REGISTERED HANDLER

## APPLICATION FORM 1

### CHECKLIST

*Please ensure ALL your forms are provided.*

*The application cannot be processed without completion of all documents.*

USE THIS CHECKLIST TO BE SURE YOU HAVE EVERYTHING REQUIRED.

### **FORMS MUST BE SIGNED.**

*Have you completed: -*

FORM 1 SIGNED	YES/NO
FORM 2 (Medical Referral)	YES/NO
FORM 3 SIGNED	YES/NO
FORM 4 VETERINARIAN CERTIFICATE	YES/NO
CODE OF CONDUCT SIGNED	YES/NO
RESPONSIBLE PERSONS DECLARATION SIGNED	YES/NO
HANDLER AGREEMENT SIGNED	YES/NO
BY-LAWS SIGNED	YES/NO
BLUE CARD DETAILS	YES/NO

**PLEASE PROVIDE THE SIGNED DOCUMENTS IN THE ORDER AS LISTED.**

**SUMMARY: -**

**PRIMARY HANDLER LEGAL NAME** \_\_\_\_\_

**PREFERRED NAME** \_\_\_\_\_

**DOB** \_\_\_\_\_

**FACEBOOK PROFILE NAME** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**ALTERNATE HANDLER LEGAL NAME (If Primary is a Minor OR an Adult under Guardianship)**

\_\_\_\_\_

**DOB** \_\_\_\_\_

**FACEBOOK PROFILE NAME:** \_\_\_\_\_

**CONTACT PHONE NUMBER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DOG'S NAME** \_\_\_\_\_ **SEX/BREED** \_\_\_\_\_

**DESEXED YES/NO** \_\_\_\_\_ **DOB** \_\_\_\_\_

**DATE CAME INTO YOUR CARE** \_\_\_\_\_

**CURRENT AGE** \_\_\_\_\_

**SECONDARY HANDLER LEGAL NAME (If required)** \_\_\_\_\_

**DOB** \_\_\_\_\_

**FACEBOOK PROFILE NAME** \_\_\_\_\_

**CONTACT PHONE NUMBER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

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**NOTE: Second Handlers will be required to complete their own forms, if you require an authorised Second Handler, please request the forms. Second Handler ID Cards incur an additional cost.**

**DATA BASE INFORMATION IN DETAIL**

**PRIMARY HANDLER (person who relies upon the dog for support)**

**Primary Handler Legal Name:** \_\_\_\_\_

**Primary Handler Known As:** \_\_\_\_\_

**Primary Handler Facebook Profile Name:** \_\_\_\_\_

**Address:**  
\_\_\_\_\_

**Suburb:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Email:** \_\_\_\_\_

***Is the Primary Handler a Minor, or an Adult under a Guardianship Yes/No?***

**If YES, an Alternate Handler must be nominated.**

**ALTERNATE HANDLER (The Adult who will be responsible for/ in control of the Primary Handler's Assistance Dog)**

**Alternative Handler Legal Name:**  
\_\_\_\_\_

**Alternative Handler Known As:**  
\_\_\_\_\_

**Alternate Handler Facebook Profile Name:**  
\_\_\_\_\_

**Address:**  
\_\_\_\_\_

**Suburb:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

Mobile: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email: \_\_\_\_\_

**SECOND HANDLER (A nominated person, able to assist with responsibility of the Assistance Dog, particularly where there may be a need for the dog to be separated from the Primary Handler, such as medical appointments, or to maintain its training)**

Second Handler Legal Name: \_\_\_\_\_

Second Handler Known As: \_\_\_\_\_

Second Handler Facebook Profile Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email: \_\_\_\_\_

**NOTE: request Second Handler forms if requesting to authorise another person to Handler your dog.**

#### **MEDICAL REQUIREMENT**

**Do you have a Disability as defined by the Act and a letter from a Medical Professional to support your need for an Assistance Dog?**

**If yes, please attach Medical Referral FORM 3 letter.**

**If no, please explain.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please identify your medical needs for an Assistance Dog** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## ACCESS & INTEGRATION PLANS OR RESIDENTIAL APPROVAL ASSISTANCE

Do you require assistance with an Access and Integration plan for Education Facility/Employer YES / NO?

Do you require assistance with pre-approval for Residential Authorisation YES / NO?

## BLUE CARD ELIGIBILITY

I confirm I am eligible to apply for a volunteer Blue Card if required by the Association.

YES / NO

*If you are not eligible, please provide information separate to this form as to why you are not eligible or would not be prepared to apply for a Blue Card. Explain why you believe you should be accepted for registration.*

I hold a current Blue Card, Number \_\_\_\_\_ Expires \_\_\_\_\_

Attach a copy

## DOG INFORMATION

Do you currently have a dog you wish to train as an Assistance Dog? Yes / No

Name of Dog \_\_\_\_\_

Breed \_\_\_\_\_ DOB \_\_\_\_\_

Male / Female \_\_\_\_\_ DESEXED? \_\_\_\_\_

If not desexed, what are your intentions? \_\_\_\_\_

How old was the dog when it came into your care? \_\_\_\_\_

PLEASE PROVIDE A SEPARATE DOCUMENT FROM YOUR VET (FORM 4) FOR VERIFICATION OF HEALTH, VACINATIONS, & MICROCHIP NUMBER

Is it a rescue dog? If so at, what age did it come to you? \_\_\_\_\_

Please explain the circumstances of its rescue

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## GENERAL INFORMATION

Describe your activity/fitness level for dog training (High/Medium/Low):

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Do you use any medical aids or equipment? YES / NO Please list:

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Please give any additional information about yourself which may aid in assessing your application: \_\_\_\_\_

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Do you currently belong to any other assistance dog organisations or have left another organisation in the past 2 years? Yes / No If yes, which one/s, and why?

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How did you hear about PAD? \_\_\_\_\_

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PLEASE SIGN DECLARATION BELOW AND HAVE IT WITNESSED BY A NON-FAMILY MEMBER, who has known you for more than two years.

## DECLARATION

IF ACCEPTED, I agree to abide by the Standards, Rules, Guidelines, By-Laws and Requirements outlined in the Registered Agreement provided as a separate document in FORM 3, and any future changes or additions to PAD Policies and Procedures.

I acknowledge my application will not be assessed until all required documentation is received by the PAD HANDLER ADMINISTRATOR, in the required forms (Digital and Hard Copy). [pawsomeassistancedogs@outlook.com](mailto:pawsomeassistancedogs@outlook.com) PO BOX 187 COOPERS PLAINS Q 4108

I acknowledge there are fees involved in my application and if accepted, a Registration Fee, Annual Fees, plus other incidental fees from time to time that the Association may set will be charged, all of which will be outlined to me during the process.

I acknowledge that as a Registered Handler of PAWSOME Assistance Dogs Inc, I am NOT a member of the PAWSome Assistance Dogs Inc Association.

I acknowledge, I have been informed that PAWSOME Assistance Dogs Inc is a separate entity, that has control of, and oversees, the operations of the Registered Handlers Registration, Assessment and Certification.

I acknowledge that I have been informed of the compliance requirements for active contact, regular public access standard reviews, digital training logs accessible to appointed members of the Committee, and all other policies, procedures and by-laws, and that failure to comply with any or all of these may result in my de-registration without appeal or refund.

### I AGREE TO THE FOLLOWING CONDITIONS

In signing this document, the following conditions of continued registration and certification with PAD are agreed to: -

- I state that I have read the current, annually reviewed versions of the following specified documents, and that I understand my responsibilities and the compliance requirements of applying for registration renewal with PAWSOME ASSISTANCE DOGS: -

**Code of Conduct; Safeguarding Vulnerable Persons Policy, all By-Laws, Policies and Procedures; Handler Agreement; Training Level Standards, Public Access Standards and Requirements; Training, Command and Task Logs, Handler Responsible Person's Declaration; Recommended Breeds Policy; Small Dogs Policy.**

- I declare that I have informed the Association of all medical conditions in relation to the DDA 1992 requirement to "have a disability that benefits from the support of an Assistance Animal" in the Associations case "dog"

SIGN & DATE .....

- I declare that I have informed the committee of all impediments, medical or otherwise, which may affect my ability to provide appropriate care, wellbeing, health and hygiene for my Assistance Dog, and agree to NOT take my Assistance Dog in to public access regulated environments, such as work, educational or medical institutions, or other places where public access certification is required, if I cannot provide full and appropriate care and control of the dog due to medical or other causes, relating to myself or the dog.
- I acknowledge that while PAD cannot make a medical assessment on my capabilities, the Executive is within its rights, under the Policies I have agreed to comply with, to make a decision that its assessment is that I do not meet the PAD Requirements and Standards to be Public Access Certified under registration umbrella of the Association, and the Association is therefore within its rights to deny or cancel registration for non-compliance, without appeal
- I agree to comply with all Public Access Standards requirements, including attendance at meetings, provision of Command, Task and Training Logs at each Public Access Review, and active participation in the Facebook Handler Group (either in person or by proxy). If I am considered a Distance Handler, I will meet the assessment standards by providing a minimum of monthly videos of the standards, in addition to maintaining the digital training journal.
- I agree to maintaining a digital training journal, that is accessible to the appointed committee members for supervision and assessment
- If I cannot prove that my dog is Tasking in public for me and identify those tasks in a proven manner that satisfies the Association's assessment standards, I accept that my dog is not, by PAD standards, an Assistance Dog, and the Executive has the right to de-register us as a Team in breach of PAD Policies, Procedures, Assessments and Standards.
- I Agree to the condition that if the Association deems by personal behaviour towards the Committee, other Handlers, or members of the public to be in Breach of the Code of Conduct, Handler Agreement, Safeguarding Vulnerable Persons Policy, or any other PAD Policies, Procedures or By-Laws, I may be deregistered without appeal

**SIGN & DATE** .....



- In accordance with the **ANIMAL CARE PROTECTION ACT 2001 (QLD)** or the Act relevant to the Handler's state of residence, I agree to provide appropriate care, health and safety, and treatment of my dog, regardless of whether it is in a recreational environment e.g. home or working in Public Access.

**I WILL NOT CAUSE HARM TO THE DOG BY MISHANDLING OR MISTREATING IT OR USING INAPPROPRIATE TRAINING METHODS OR RESTRAINTS.**

Under Part 1, Section (3) (a) (I will) **PROVIDE FOR THE ANIMAL'S NEEDS** for the following in a way that is appropriate- (i) food and water (ii) **ACCOMODATION OR LIVING CONDITIONS FOR THE ANIMAL** (iii) **TO DISPLAY NORMAL PATTERNS OF BEHAVIOUR** (IV) Treatment of disease or injury (b) **ENSURE THE HANDLING OF THE PERSON, OR CAUSED BY THE PERSON, IS APPROPRIATE**

Under PART 2 **CRUELTY OFFENCES** (2) a person is taken to be cruel to an animal if the person does any of the following to an animal (a) **CAUSES IT PAIN THAT, IN THE CIRCUMSTANCES, IS UNJUST, UNNECESSARY, OR UNREASONABLE** (f) **confines** (the dog) (d) **IN A WAY THAT IS INAPPROPRIATE FOR THE ANIMALS WELFARE** e.g. not providing the dog with appropriate spells.

I agree that any perceived breach of this condition, which is not addressed to the satisfaction of the Executive Committee, will lead to immediate de-registration. Recognising that the reputation of the Association, and therefore its registered Teams cannot be jeopardized by even the suspected mishandling or mistreatment on an Assistance Dog. The Association's responsibility is to the whole of the Handler Teams, above any one Handler not meeting standard

- I acknowledge and accept that the Association has a **First and Final Warning standard** for breaches, **without appeal**, should the Executive deem this matter serious enough that it does not issue a **Notice to Remedy Warning** first, to which the Handler will be given a right of response.
- That in signing this summary document, I am agreeing to each and every individual policy, regulation, By-law and requirement of registration and, where applicable, public access certification with PAD.

**SIGN AND DATE .....**

**I confirm that the dog I am proposing to use as the Assistance Dog –**

- Is physically, emotionally and mentally sound
- Has full use of all senses and limbs
- Has no chronic health conditions
- Is or will be fully vaccinated
- Is or will be de-sexed at a time advised by the Vet
- Is not in a guardianship program and will not be used for breeding purposes.
- Responds to basic obedience commands, or is being trained to do so
- I agree to withdraw from attending events if my dog is on Heat (female), or unwell in any form that might cause risk or harm to other dogs.
- I agree to comply with the PAD Assistance Dog Etiquette Policy, and any specified rules in relation to my own dog, as a condition of my continued registration.
- I acknowledge an Assistance Dog is a working dog, and as such it is not a pet, even in public environments where domestic dogs may be permitted. As a Team we must at all times comply with the PAD Assistance Dog Standards in ANY Public Place. Examples being Pet Friendly Cafes, Nurseries, Pet Shops and Bunnings, the dog is required to remain in working mode. To do otherwise only creates confusion for the dog's training and for the general public who may then not associate the dog as a working dog in other environments.
- I acknowledge and accept that an Assistance Dog is not a pet, or an emotional or therapy support dog, neither is it a child or human. If it is in Public, it is working. If I do not require it to be working in public, the Association has the right to question the validity of my need. (Exceptions to this would be recreational activities such as outdoor walks, dog parks and camping or beaches, at which times the dog is not to be wearing the PAD jacket. If in doubt, please verify the exception)
- I acknowledge the Association does not condone the working of any dogs that are unfit for purpose. If my dog's fitness changes, I agree to advise the Association in writing ASAP. (This includes dogs who are, behaviourally, emotionally or mentally unstable, seriously injured, ill, diseased, etc; and dogs who have loss of limb or limb function, skeletal/muscular deformities, incomplete use of senses, soundness issues, aggressive tendencies, epilepsy, seizures, etc)

**SIGN & DATE .....**

- In recognition of the issues already existing in the public's understanding, knowledge, and perception of what an Assistance Dog, does, is for, or looks like, particularly in terms of public behaviour and standards, I agree to abide by the ruling that PAD certified Assistance Dogs are not be used in any form of physical competition. Trick, Agility, Luring and any other forms of training which are used purely for enrichment, or related to tasking and obedience may be used at the informal level, but dogs may not be involved in any forms of physical Competition. Photographic competitions are excluded.
- I acknowledge that an Assistance Dog's role is to be fully focused on the Handler, and the Handler's needs. Competitions are contrary to this component of training and certification, due to the distractions from work and the potential separation from the Handler that may be involved. Therefore, I accept that no Handler Team registered with PAD may be involved in Formal Competitive Dog work. To do so will result in deregistration.
- I acknowledge that I will be required to lead my dog by a collar and lead at all times during public access. If my dog is a breed that will easily slip its collar, I will also have an appropriate harness to which the collar is anchored. I acknowledge I am permitted to use a harness and tether lead as a secondary restraint point but must not use these as the primary source of communication and control of the dog.
- I agree to read all By-Laws, policies and procedures and abide by them, or risk being given a warning, or being de-registered, for inappropriate behaviour and compliance.
- I acknowledge that the first twelve months of registration with PAD is probationary, and the Committee reserves the right to cancel my registration without appeal or refund if I failure to comply with all standards, codes and regulations.
- I acknowledge that an Assistance Dog cannot be used for any other purpose. For example, an Assistance Dog cannot have a dual role as a Therapy or Emotional Support Dog.

**APPLICANT'S NAME, SIGNATURE & D.O.B**

**DATE**

**WITNESS SIGNATURE**

**DATE**

**MANAGEMENT COMMITTEE REVIEW DATE** \_\_\_\_\_

**Accepted / Denied**                      **Authorising Officer** \_\_\_\_\_

**Database Registration Number:** \_\_\_\_\_