



Office of Fair-Trading Qld Incorporated Association IA 60010 ABN 90 746 958 129

ATO Endorsed Deductible Gift Recipient ACNC Registered Charity Blue Card Registered Organisation ID 1030694

PAD HANDLER ANNUAL REGISTRATION RENEWAL STATEMENT

DATE

NAME

DOB

MINOR NAME IF APPLICABLE

DOB

CURRENT WWCC Card? Number and expiry date –

DOG NAME, DOB, BREED

MOBILE

ADDRESS

FACEBOOK NAME

DOG'S VISUAL TRAINING LOG IS FOUND WHERE? How will it be supplied to the National Trainer and Assessor (Administrator) and Secretary?

Have you requested to join the Facebook Closed Handler Group? Yes/No

If No, how are you proposing to maintain monthly contact with the Association, and be updated on meeting dates and venues?

I,

State that I have read 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; Public Access Standards and Requirements; Handler Responsible Person's Declaration; Recommended Breeds Policy; Small Dogs Policy.

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.

I agree to provide the Association with a current FORM 2 Medical Referral and FORM 4 Vet letter as proof of both the current vaccination status of my Assistance Dog, and verification of its health, well being, and suitability to work as an Assistance Dog. Said documents to be current and have been dated no later than the last three months for initial registration. I will provide both these documents annually, as a condition of renewal of registration, dated not less than three months prior to, or with one month post, January 1st.

Signature

Date