



## SERVICE APPLICATION FORM

### IN CONFIDENCE WHEN COMPLETED

Should you feel uncomfortable to complete this form please call CSTDA +61 458458541 for advice and assistance

PARTICIPANT PERSONAL DETAILS					
First Name		Family Name			
Address Street		Suburb		State	
Marital Status Single / Married / Partner / Divorced	Residential Status Family / Alone / Carer Assisted / Care Unit / other		Gender	Post Code	
Tel – Home	Tel - Mobile		Tel - Business		
Date of birth	Email				
DETAILS OF PERSON FILLING THIS FORM IF NOT THE PARTICIPANT					
First Name		Family Name			
Name & Relationship to PARTICIPANT			Is PARTICIPANT aware that you are applying for a Therapy dog for them? Yes / No		
Contact details if different to those above				Code	
Address Street		Suburb		State	
Tel – Home	Tel - Mobile		Email		
PEOPLE THAT ARE IMPORTANT TO THE PARTICIPANT					
First Name	Surname	Relationship	Telephone	Email	
					A
					B
					C
					D

PEOPLE WHO CARE FOR THE PARTICIPANT			
First Name		Family Name	
Address Street		Suburb	State
Tel - Business	Tel - Mobile		Post Code
Therapeutic Relationship		Email	

First Name		Family Name	
Address Street		Suburb	State
Tel - Business	Tel - Mobile		Post Code
Therapeutic Relationship		Email	

First Name		Family Name	
Address Street		Suburb	State
Tel - Business	Tel - Mobile		Post Code
Therapeutic Relationship		Email	

First Name		Family Name	
Address Street		Suburb	State
Tel - Business	Tel - Mobile		Post Code
Therapeutic Relationship		Email	

**Please note:**

During the application process CSTDA will collect personal information about you. You will be required to give permission for the CSTDA to contact people listed above. Collecting this information will enable CSTDA to assess the potential impact of a service dog for the PARTICIPANT and to determine individualised training requirements for the dog. Please refer to the informed consent within this form and the company web page for the privacy policy.

CURRENT CONDITION

What is the current diagnosis, condition and medical history?

What support and aid systems are in place? Family support? Care workers? ...

PARTICIPANT EDUCATION / OCCUPATION / HOBBIES & INTERESTS				
Please list details of all schools & educational facilities attended by the PARTICIPANT (4 most recent)				
Facility	Period		Tel Number	Contact if available
	From	To		
Please list details of all jobs / occupational positions held (4 most recent) N/A				
Facility / Detail of work	Period		Tel Number	Contact if available
	From	To		
List any Hobbies / Sports / Interests or other leisure activities pursued by the PARTICIPANT and the average amount of time spent on it a regular week. Indicate if their condition hinders them from pursuing it more fully.				
Activity		Time	Functionality	
Does the PARTICIPANT have any experience or exposure to pets / animals (family or personal)				
Does the PARTICIPANT have any preference for a dog size and breed? Please specify;				
Does the PARTICIPANT have any allergies to animal hair or fur? Yes / No				
Please list any past memorable / enjoyable experiences				
Experiences / moments			Year	

EXPECTATIONS FROM THE CSTDA PROGRAM	
How do you believe a service or therapy dog can assist you or the PARTICIPANT?	
Have you participated in any other animal assisted therapy programs in the past? Yes / No <b>No</b> If so please identify which programs and provide details;	
What would you like to achieve from the program .... Goals .....	
Are you aware that a Service or Therapy dog requires ongoing expenses, time, and effort to exercise, care for, provide veterinary care and maintain their training? Yes / No	

INFORMED CONSENT	
<p>As part of providing an Animal Intervention Empowerment Service, (SERVICE) to you, the Centre for Service and Therapy Dogs of Australia (CSTDA) needs to collect and record personal information from you that is relevant to your situation, such as your name, contact information, medical history and other relevant information as part of providing these services to you.</p> <ul style="list-style-type: none"><li>• This collection of personal information will be a necessary part of the ASSESSMENT and SERVICE that is conducted.</li><li>• Your personal information that is gathered as part of your assessment and intervention is kept securely and, in the interests of your privacy, used only by the authorised personnel of the company.</li><li>• Your personal information is retained in order to document what happens during sessions and enables the therapist to provide a relevant and informed service to you. A more detailed description is provided in the company's "Privacy policy", which can be obtained by contacting <a href="mailto:info@cstda.com.au">info@cstda.com.au</a>. The Privacy Policy contains information about how to access and seek correction of your personal information, and how to lodge a complaint about our management of your personal information.</li><li>• You may, at any time, request that no information is collected or retained and all information be destroyed and returned to you however this may negatively impact the level of service delivered.</li></ul> <p>During the assessment process your Interventionist will spend time with you reviewing the program and privacy policy in more detail.</p> <p>SIGNATURE</p> <p>.....</p> <p>.....</p> <p>PARTICIPANT / FOR THE PARTICIPANT <span style="float: right;">DATE</span></p>	