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cstda

Centre for Service & Therapy Dogs Australia

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	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 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

In the spirit of Reconciliation, CSTDA acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Owners and Custodians of this country, and their connection to land, water and community. We pay our respect to them, their cultures and customs, and to Elders both past and present.

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 this 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 From To		Tel Number	Contact if available

Please list details of all jobs / occupational positions held (4 most recent) N/A

Facility / Detail of work	Period From	To	Tel Number	Contact if available

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 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? Ye No 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 no

INFORMED CONSENT

As part of providing the ©ACE Animal Assisted Community Empowerment Service, (SERVICE) to you, 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.

- This collection of personal information will be a necessary part of the ASSESSMENT and SERVICE that is conducted.
- 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 .
- 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 info@cstda.com.au. 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.
    - 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.

During the assessment process your Interventionist will spend time with you reviewing the program and privacy policy in more detail.

SIGNATURE

…… .....

PARTICIPANT / FOR THE PARTICIPANT DATE