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| **Standard Pathway Pawsitive Squad Medical PA Dogs Application** | | | | | | |
| **Dog owners name (must legally over 16):** |  | | **Young person’s (YP) name:** | |  | |
| **Relation to YP:** |  | | **YP likes to be called:** | |  | |
| **Gender pronoun for YP (e.g. He, she, they, Ze, Ey)** |  | | **Young person’s Date of Birth & current age:** | |  | |
| **Home Address:** |  | | | | | |
| **Dog owners email:** |  | | | | | |
| **Home Tel:** |  | | **Mobile:** | |  | |
| **In Case of Emergency (ICE) contact**  This person needs to be someone we can contact in an emergency | | | | | | |
| **ICE 1 name:** |  | | **ICE 1 mobile:** | |  | |
| **ICE 1 relation to YP:** |  | | **Address of ICE 1:** | |  | |
| **Social** | | | | | | |
| **Who lives at home with the young person, (please include date of birth of any siblings under 18)** | | |  | | | |
| **Does anyone in the household smoke? If yes do they smoke inside?** | | |  | | | |
| **Who has parental responsibility for the young person if under 18?** | | |  | | | |
| **Does the young person have any safeguarding involvement?** | | |  | | | |
| **Has the young person been assessed to be unable to make decisions for themselves (if over 18) (deprivation of liberty)?** | | |  | | | |
| **Does the young person have an EHCP, continuing care, DLA, care package/ direct payments?** | | |  | | | |
| **Health** | | | | | | |
| **What disabilities and health conditions are the young person diagnosed with? Please attach reports evidencing these.** | | |  | | | |
| **Does the young person have a care plan for managing a chronic condition e.g. seizure or diabetic? If yes please attach a copy.** | | |  | | | |
| **Please describe the young persons medical events including frequency, duration, treatment/intervention required etc.** | | |  | | | |
| **Does the young person have any difficulty seeing, hearing or communicating or any sensory differences?** | | |  | | | |
| **What medication & equipment does the young person require (e.g. inhaler, oxygen, rescue meds, suction, wheelchair, splints etc).** | | |  | | | |
| **Your Dog** | | | | | | |
| **Dog’s Name:** | |  | | **Dogs DoB:** | |  |
| **Dog’s Breed:** | |  | | **Dogs Gender:** | |  |
| **Microchip Number:** | |  | | **Weight:** | |  |
| **Colour & markings:** | | | |  | | |
| What **Flea and worm products do you use?** | | | |  | | |
| **Describe your dog’s personality (e.g. boisterous, high energy, lazy):** | | | |  | | |
| **Does your dog have any pre-existing health problems?** | | | |  | | |
| **What motivates your dog? (toys, treat/food, stroking etc)** | | | |  | | |
| **Permissions** | | | | | | |
| Do we have permission to photograph & video **your dog** and to share these images & clips for any purpose including posters, social media, mainstream media, fundraising & promotional materials. The law on dogs differs to humans, you cannot insist we remove any content previously shared but can remove this permission for future content at any point. | | | | * **Yes, I give full permission** for photographs and videos of my dog to be taken and used for any Pawsitive Squad business purpose | | |
| * **No, I DO NOT** give permission for photographs and videos of my dog to be taken | | |
|  | | | | | | |
| Do we have permission to photograph & video **of or including the young person** and to share these images & clips for any purpose including posters, social media, mainstream media, fundraising & promotional materials. Once images are shared online it’s important to remember that we have limited control as to where those images reach and limited ability & responsibility to retract & remove images. | | | | * **Yes,** **full permission** for photographs and videos to be taken and used for any Pawsitive Squad business purpose | | |
| * **Yes, IF their face is blurred** for photographs and videos to be taken and used for any Pawsitive Squad business purpose | | |
| * **No,** they need to be totally cropped out of any photographs | | |
|  | | | | | | |
| Do we have permission to photograph & video **of any other members of your household who are attending training, workshops or assessments with you** and to share these images & clips for any purpose including posters, social media, mainstream media, fundraising & promotional materials. Once images are shared online it’s important to remember that we have limited control as to where those images reach and limited ability & responsibility to retract & remove images. | | | | * **Yes,** **full permission** for photographs and videos to be taken and used for any Pawsitive Squad business purpose | | |
| * **Yes, IF their face is blurred** for photographs and videos to be taken and used for any Pawsitive Squad business purpose | | |
| * **No,** they need to be totally cropped out of any photographs | | |
|  | | | | | | |
| Do with have permission to use the young person, their parents/ guardian and their dogs **real first names** for any business purpose e.g. social media, posters, mainstream media etc? | | | | You **do have** permission to use the first names of:   * The young person * The parents/ guardian * The dog   You **do not** have permission to use the real first names of:   * The young person * The parents/guardian * The dog | | |
| I agree with the above permissions young person’s signature (If possible) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (*even if the young person is unable to sign please do discuss with them if they are able to understand, if they are happy with the permissions. We want to empower young people to have as much say as possible).* | | | | | | |
| I agree with the above permissions I have granted:  Parent/ Guardian or young person if they’re over 16’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| I confirm that, to the best of my knowledge, all information provided in this application form is accurate. I understand that deliberately providing false or misleading information may result in refusal of application or removal from the program.  Parent/ Guardian/ Young person if over 16’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |