

Pawsitive Squad Assistance Dog Program Application

Responsible Handler Name:		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:			
Responsible handlers' email:			
Home Tel:		RH mobile:	

In Case of Emergency (ICE) contact

This person needs to be someone we can contact in an emergency, who is not likely to be at face to face sessions with the young person.

ICE 1 name:		ICE 1 mobile:	
ICE 1 relation to YP:		Address of ICE 1:	
ICE 2 name:		ICE 2 mobile:	
ICE 2 relation to YP:		Address of ICE 2:	

Pawsitive Squad

Why have you decided to train your dog to be an assistance dog? How long have you been actively considering this?	
Why have you chosen Pawsitive Squad to apply to over other organisations? Have you applied to other organisations in the past? If yes what was the outcome.	
Which membership do you wish to apply for?	<input type="checkbox"/> Full membership (£45 per month) <input type="checkbox"/> Task based membership (£25 per month)

Eligibility Criteria

To be eligible for our assistance dog program, the young person must meet at least **3** of the following care & support needs criteria. Please select **ALL** the below criteria which you/ your child meet. The child/ young person must also have a prescribed disability (a disability 'prescribed' by a qualified medical professional, this includes conditions with no name. This is a legal requirement outlined in the Equality Act, 2010 and not specific to Pawsitive Squad CIC).

- Be unable to go shopping & attend vital medical appointments without support from a carer (including parent carer), this can be due to physical and psychological (e.g., anxiety) reasons (over 16's only).
- Be unable to cross a road **WITHOUT** reliably stopping at the curb, looking both ways and deciding when it is and is not safe to cross. (over 12 years old).
- Be unable to travel outside of the house without either two carers to the young person **OR** without using a wheelchair or specialist pram (over 4 years old)
- Almost daily display behaviour which poses a risk to the health and safety of the young person (e.g., self-harm, running away and not returning within 1 hour).

- Have received hospital inpatient care for mental health difficulties within the last 5 years.
- Have a medical condition that causes medical events which are potentially life-threatening (e.g., hypo, anaphylaxis, generalised seizure) on average at least once every 6 weeks.
- Have a diagnosis of epilepsy that has not been controlled with at least 3 medication trials.
- Have a diagnosis of a degenerative condition.
- Have a personal emergency care and resuscitation plan.
- Require regular complex medical care provided by a specially trained adult or registered nurse (includes – providing oxygen at varying rates (excluding set rate given at night-time and set rate during the day), dialysis (home or hospital-based), parenteral or enteral nutrition or stoma care).
- Have a diagnosis of stage 3 or stage 4 cancer.
- Have a diagnosis of moderate, severe, or profound learning disabilities.
- Have a medical condition that causes medical events which risk your safety (eg fainting) on at least a weekly basis.
- Be unable to dress and undress themselves (over 10's only).
- Be a full-time wheelchair user when outside of the home.
- Require a hoist (or carrying) to transfer between a chair, bed and floor.
- Have limited mobility at least one upper limb.
- Be unable to pick up items off the floor without assistance or additional equipment.
- Be unable to sit independently (over 18 months old)
- Be unable to stand independently (over 28 months old)
- Be unable to walk more than 20metres without physical assistance and/or rest (over 4 years old)
- Be unable to access education without 1-2-1 support for at least 10 hours per week (including support required during break & lunchtimes) if in full-time education in a mainstream setting (under 16)
- Attend a specialist provision for education.
- Require 1-2-1 support in 6th form school, college, or university.
- Be part of an 'access to work' or 'access to education' program (over 16's only).
- Be nonverbal or have less than 50 words (over 36 months old).
- Use AAC as their primary form of communication or have no clear method of communication (over 36months old)

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? If yes to CC or EHCP please attach copy with application if you're willing to share.	
Does the young person have additional carers or support staff (at any time including school)? If yes who and why?	

Does the young person require a changing place for personal care?	
If the young person is mandatory education age, How and where does they young person access education? If they attend an education facility please provide their name & address.	

Health

What disabilities and health conditions are the young person diagnosed with? Please attach reports evidencing ALL of these.	
Is the young person under assessment for any undiagnosed difficulties?	
What health care professionals does the young person see (doctors, therapists etc). Please provide the name, job title and where (e.g. QMC hospital, school etc) the professional is based.	
Any allergies or sensitivities?	
Does the young person have a care plan for managing a chronic condition e.g. seizure or diabetic? If yes please attach a copy.	
Does the young person have any difficulty seeing, hearing or communicating?	
What medication & equipment does the young person require in public (e.g. inhaler, oxygen, rescue meds, suction, wheelchair, splints etc).	

Treatments & therapies

Condition being treated/ reason for therapy	How long have they had it?	Treatment or therapy	How often do they receive this treatment

Difficulties

For the following items please tick the most relevant box for the young person and their practical abilities	No difficulty	Needs prompting/ supervising	Needs some practical assistance	Cannot alone

Set alarm before bed then wake up & stay awake when alarm sounds				
Get out of bed				
Get dressed				
Put on shoes & any splints				
Open cupboards, fridge or drawers				
Pick food out of cupboards				
Carry food from cupboard to side or table				
Fetch a drink				
Physically take medication				
Call for help in an emergency (either by verbal or emergency cord)				
Load and unload washing				
Open and close doors				
Pick items off floor				
Travel safely down path of village road				
Travel safely through town centre				
Stop at crossings and wait for cars to stop				
Press crossing buttons at traffic lights				
Avoid obstacles in path				
Follow a planned journey & route				
Find exit in a building				
Navigate through a shop including to tills				
Pass wallet/money to cashier				
Move items from one place to another				
Follow verbal instruction				
Travel to and from education placement				
Sit and focus for the duration of an activity/homework				
Remember to take any medication				
Does the young person...	Not at all	sometimes	often	always
Experience sensory overload, anxiety or distress in FAMILIAR public but quiet areas? (e.g. local village)				
Experience sensory overload, anxiety or distress in FAMILIAR public busy / loud areas? (e.g. town centre)				
Experience sensory overload, anxiety or distress in FAMILIAR indoor public spaces (such as super markets)?				
Experience sensory overload, anxiety or distress in UNFAMILIAR public but quiet areas? (e.g. local village)				
Experience sensory overload, anxiety or distress in UNFAMILIAR public busy / loud areas? (e.g. town centre)				
Experience sensory overload, anxiety or distress in UNFAMILIAR indoor public spaces (such as super markets)?				
Experience flash backs or dissociative episodes?				
Experience sensory overload 'meltdown'				
Experience emotional overload 'meltdown'				

Experience panic attacks				
Run away in public				
Refuse to go out				
Please explain any way, not covered above that their disabilities impact on the young person's life				

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)			
Any behavioural or emotional issues e.g. barking, toileting inside, anxious etc			
Has your dog ever received any type of training (e.g. puppy, obedience) from another organisation? If yes where, when and for how long?			

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.	<input type="checkbox"/> Yes, I give full permission for photographs and videos of my dog to be taken and used for any Pawsitive Squad business purpose
	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes, full permission for photographs and videos to be taken and used for any Pawsitive Squad business purpose
	<input type="checkbox"/> Yes, IF their face is blurred for photographs and videos to be taken and used for any Pawsitive Squad business purpose
	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes, full permission for photographs and videos to be taken and used for any Pawsitive Squad business purpose
	<input type="checkbox"/> Yes, IF their face is blurred for photographs and videos to be taken and used for any Pawsitive Squad business purpose
	<input type="checkbox"/> No , they need to be totally cropped out of any photographs

Do we 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?	<p>You do have permission to use the first names of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The young person <input type="checkbox"/> The parents/ guardian <input type="checkbox"/> The dog <p>You do not have permission to use the real first names of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The young person <input type="checkbox"/> The parents/guardian <input type="checkbox"/> The dog
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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 assistance dog program.

Parent/ Guardian/ Young person if over 16's Signature: _____
 Full Name: _____ Date: _____

Check List – Please attached all of the following with your application form:

- Fully completed application form (this form)
- Medical evidence for ALL disabilities and health problems
- Copy of any care plans for acute medical events (e.g. diabetes or epilepsy)