



Assistance Dog Programme **Application**

Please note: Application must be completed as best as possible by the applicant or answered under the direction of the applicant.

Name _____ **Date of Birth** _____

Street Address _____

City _____

Home Phone (_____) _____ **Cell Phone** (_____) _____

Email Address _____ **Fax** (_____) _____

Emergency Contact Name _____

Street Address _____

City _____

Home Phone (_____) _____ **Cell Phone** (_____) _____

Email Address _____ **Fax** (_____) _____

Your Place of Employment / School (if applicable)

Street Address _____

City _____

Work Phone (_____) _____ **Email Address** _____

Primary Disability _____ **Age at diagnosis** _____

Cause of Disability (if known) _____

Secondary Disability/ Medical conditions _____

Height _____ **Weight** _____ **Gender** _____

Marital Status Single Married Separated Divorced Other _____

With whom do you live? (Check all that apply)

Alone With parents(s) With spouse or significant other With attendant

With roommates Other _____

Where do you live? House Apartment Dorm Other _____

Your living situation has a fenced yard an enclosed area Neither

Do you live with children have children visit regularly

How many children? _____ Ages: _____

How many hours of attendant care do you receive each week? _____

Please indicate any special instruction(s) / consideration related to our disability / medical condition(s) (for example, hyperreflexia management, seizure precautions, etc).

Please list any medications you are currently taking: _____

Are you able to travel to the Mobility Dog Training Centre (Auckland) for your interview?

Yes No If no, please explain _____

Please tick any or all of the following boxes which may apply to you:

A. Motor Impairments:

- a. Weakness
- b. Degree of coordination _____
- c. Type of Spasticity _____
- d. Other _____

B. Sensory Impairments:

- a. Vision
- b. Hearing
- c. Loss of sensation _____
- d. Other _____

C. Cognitive Impairments:

- a. Attention
- b. Memory
- c. Problem solving
- d. Judgement

e. Other

D. Communication Impairments:

a. Comprehension

b. Expression

i. Communication aids used: _____

ii. Best way to communicate with person _____

E. Psychological / behavioural Impairments:

a. Depression

b. Difficulties in managing stress

c. Impulsive

d. Inappropriate behaviours

i. Comments _____

F. Additional medical Conditions:

a. Cardiovascular disease

b. Respiratory disease

c. Diabetes

d. Seizure disorder

e. Chronic pain

f. Neurogenic bladder

g. Neurogenic bowel

h. Other

G. Assistive devices – check any that apply; detail:

a. Manual wheelchair _____

b. Power wheelchair / scooter _____

c. Walker _____

d. Crutches _____

e. Walking stick / cane _____

f. Orthosis _____

g. Prothesis _____

h. Other _____

i. Comments _____



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The information on this application is correct to the best of my knowledge.

I understand that the information provided by me will only be used by Mobility Dogs for the purpose in which it is intended and will remain confidential. If the information provided is reported or published, I understand this will be done in a way that does not identify me as its source.

I have had an opportunity to ask questions and have them answered.

I understand that I may withdraw my application to Mobility Dogs at any stage during the application process.

Applicant Signature

Date

If the applicant is a minor, or under guardianship or a ward of the court, the parent / caregiver or duly authorised representative is required to sign below pursuant to New Zealand law.

Name: _____

Street Address _____

Suburb _____

City _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email Address _____ Fax (_____) _____

Relationship: _____

Parent/ Caregiver / Authorised Signature

Date

Contact List

Applicant Liaison

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