

Miracle Assistance Dogs Inc.

Application Form





MIRACLE ASSISTANCE DOGS

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Important Information

All applications will be considered on a case by case basis.

Completing this Application Form does **not** constitute a contract for the provision of product/s and/or service/s nor create any obligation to, by or of any named applicant or of the above-named organisation or any of its affiliates.

In assessing any application, Miracle Assistance Dogs Inc. shall give fair consideration to the provisions of the *Disability Discrimination Act 1992 (DDA 1992)*.

If applying on behalf of a child, **note** that the child is the applicant. Please answer all questions relative to the applicant's needs, i.e. health issues. However, answer questions which apply to parent/carer/partner from the perspective of the parent/carer/partner.

Please allow a minimum of 4 weeks for a response. Applicants will be notified if their application has been approved or declined, after this period.

Approved and completed applications will proceed to the next stage, where Miracle Assistance Dogs Inc. will contact the applicant by phone or email, to clarify the information in the application or to request additional information.

The 3rd stage is to assess the completed application for suitability. Applicants at this time will be notified either of being placed on a waiting list, or having their application declined. Applicants of declined applications can re-apply after 12 months, if the reasons for the declined application have changed.

Privacy and Confidentiality Statement

Miracle Assistance Dogs Inc. strictly adhere to the principal of the Privacy Act 1988. Under Privacy laws, you have the right to find out what information is collected about you, why we are collecting this information, if it is compulsory and what we are going to do with it. You also have rights to access and correct any information held about you. We take steps to store your information as securely as possible to prevent its loss or misuse.

We only use personal information collected via our website or provided by you, for the purposes for which it was provided. Miracle Assistance Dogs Inc. does not sell or pass on personal information to third parties, except where your permission has been provided. Miracle Assistance Dogs Inc. will retain your information and provide it to Carmel (Fudge) Kaczmar and Guide, Hearing and Assistance Dogs Inc. for the purposes under which you provided the information.

Information contained on the Miracle Assistance Dogs Inc. database may be amended or deleted by emailing info@miracleassistancedogs.org.au. You may request that we delete personal information and all reasonable steps to delete the information will be made, except where it is required for legal reasons.



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Miracle Assistance Dogs Inc. Application Form Checklist

Please ensure that all questions in the application have been fully answered and supporting/additional information has been included, by completing the following checklist:

| | | |
|--|--------------------------|--------------------------|
| Part A – Applicant’s Details completed | | <input type="checkbox"/> |
| Personal Details section completed | <input type="checkbox"/> | |
| Employer/School Details section completed (if applicable) | <input type="checkbox"/> | |
| Referee Details section completed | <input type="checkbox"/> | |
| Part B – Parent/Carer/Partner Details completed | | <input type="checkbox"/> |
| Parent/Carer/Partner Details section completed | <input type="checkbox"/> | |
| Employer Details section completed | <input type="checkbox"/> | |
| Referee Details section completed | <input type="checkbox"/> | |
| Physical Support section completed | <input type="checkbox"/> | |
| Part C – Disability Information completed | | <input type="checkbox"/> |
| Included a Certificate of Disability signed by a Registered Health Practitioner | <input type="checkbox"/> | |
| Disability Category completed | <input type="checkbox"/> | |
| List of tasks that the dog should be able to perform completed | <input type="checkbox"/> | |
| Any additional supporting medical documentation included | <input type="checkbox"/> | |
| Any other additional supporting information included | <input type="checkbox"/> | |
| Part D – Disability Challenges completed | | <input type="checkbox"/> |
| The impact that your disability has on core activities completed | <input type="checkbox"/> | |
| Completed the daily activities you partake in | <input type="checkbox"/> | |
| Part E – Household Info & Living Arrangements completed | | <input type="checkbox"/> |
| Household Information completed | <input type="checkbox"/> | |
| Living Arrangements completed | <input type="checkbox"/> | |
| Property Fencing Information provided | <input type="checkbox"/> | |
| Government Benefits section completed (if applicable) | <input type="checkbox"/> | |
| NDIS Details completed (if applicable) | <input type="checkbox"/> | |



MIRACLE ASSISTANCE DOGS

Only complete Part F if applying for Owner Training Program

| | | |
|--|--------------------------|--------------------------|
| Part F – Dog Information completed | | <input type="checkbox"/> |
| Dog's Basic Details | | |
| Dog's Basic Details completed | <input type="checkbox"/> | |
| Dog's microchip number provided | <input type="checkbox"/> | |
| Council that the dog is registered with provided | <input type="checkbox"/> | |
| Dog's Medical and Health History Details completed | | |
| Details of dog's regular Vet provided | <input type="checkbox"/> | |
| Vaccination information and/or certificate provided | <input type="checkbox"/> | |
| Major illnesses or injury details completed | <input type="checkbox"/> | |
| Included a Veterinary Report of dog's medical history | <input type="checkbox"/> | |
| Dog's History and Current Activities Details completed | | |
| Details of how long the applicant has had the dog | <input type="checkbox"/> | |
| Details of current activities completed | <input type="checkbox"/> | |
| Dog's Behaviour Details completed | | |
| Biting details completed (if applicable) | <input type="checkbox"/> | |
| Complaint details completed (if applicable) | <input type="checkbox"/> | |
| Dog's likes and dislikes completed | <input type="checkbox"/> | |
| Other Pets Details completed | | |
| Information on other pets in the household completed | <input type="checkbox"/> | |
| Dog's interactions with other pets completed | <input type="checkbox"/> | |
| Dog's personality traits completed | <input type="checkbox"/> | |
| Training History completed | | |
| Training information completed | <input type="checkbox"/> | |
| Training organisation and/or Trainer information completed | <input type="checkbox"/> | |
| Training Methods employed completed | <input type="checkbox"/> | |
| Types of collars used on dog when training completed | <input type="checkbox"/> | |
| Example of how dog was trained completed | <input type="checkbox"/> | |
| Any other supporting medical documentation for the dog included | <input type="checkbox"/> | |
| Any other additional supporting information for the dog included | <input type="checkbox"/> | |
| Signature Page: Read, understood and provided signatures for both the application and a witness | | <input type="checkbox"/> |



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Miracle Assistance Dogs Inc. Application Form

I wish to apply for one of the following:

- ☐ Obtaining an Assistance Dog from Miracle Assistance Dogs Inc. (MAD).
- ☐ Joining the Owner Training Assistance Dog program.
- ☐ You provide a contribution of \$20,000 to Miracle Assistance Dogs Inc. towards the training of an Assistance Dog for yourself.

Part A -Applicant's Details - (Applicant is the Adult or Child requiring the Dog)

| Basic information of the Applicant | | | | | |
|--|--|----------------------------|--|-----------|--|
| Title | | First Name | | Last Name | |
| Gender | | Date of Birth (dd/mm/yyyy) | | __/__/__ | |
| Email | | | | Mobile | |
| Residential Address | | | | | |
| Street | | | | | |
| Suburb | | State | | Postcode | |
| Postal address (if different from above) | | | | | |
| Street | | | | | |
| Suburb | | State | | Postcode | |

| Employer (or School) Details for applicant (if applicable) | |
|--|--|
| Employer (Principal) Name | |
| Business (School) Name Address | |
| Employer (School) Phone | |
| Employer (School) Email | |

| Referee's Details (for applicant) | |
|-----------------------------------|--|
| Name (Not a relative) | |
| Relationship to Applicant | |
| Length of relationship | |
| Phone | |
| Email | |



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Part B – Parent/Carer/Partner Information

| Parent/Carer/Partner Information | | | | | |
|--|--|----------------------------|--|-----------|--|
| Title | | First Name | | Last Name | |
| Gender | | Date of Birth (dd/mm/yyyy) | | __/__/__ | |
| Email | | | | Phone | |
| Residential Address | | | | | |
| Street | | | | | |
| Suburb | | State | | Postcode | |
| Postal address (if different from above) | | | | | |
| Street | | | | | |
| Suburb | | State | | Postcode | |

| Employer Details | |
|------------------|--|
| Employer Name | |
| Address | |
| Employer Phone | |
| Employer Email | |

| Referee's Details (Must not be a relative) | |
|--|--|
| Name | |
| Relationship to Applicant | |
| Length of relationship | |
| Phone | |
| Email | |

| | |
|---|------------------------------|
| Does this person provide physical support to the applicant? | Yes <input type="checkbox"/> |
| | No <input type="checkbox"/> |
| If so, how? | |
| | |



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Part C – Disability Information

IMPORTANT: You must provide a Certificate of Disability. The Certificate must be issued and signed by a Registered Health Practitioner. Please also include any other documentary evidence of the disability.

Please tick the boxes that best describe your disability, then describe how the disability affects you.

Fill out multiple boxes if your disability covers more than one category or write N/A (Not Applicable).

| |
|---|
| <input type="checkbox"/> Physical (i.e. functioning, mobility, dexterity, stamina etc.) Description: |
| <input type="checkbox"/> Sensory (i.e. sight, hearing, smell, touch, taste, spatial etc.) Description: |
| <input type="checkbox"/> Intellectual (i.e. reasoning, learning, problem solving, adaptability etc.) Description: |
| <input type="checkbox"/> Psychiatric (i.e. emotive, cognitive, behavioural etc.) Description: |
| <input type="checkbox"/> Other Description: |
| Any other information to support the application on how the disability affects you? Description: |



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Why do you require an assistance dog, and how will an assistance dog assist you to be more independent? Please give specific examples.

An Assistance Dog must be able to do something for the person that the person cannot do for themselves. Refer to <http://www.iaadp.org/tasks.html>. An information sheet is included for your information

When completing this section, you will need to include specific examples of what you want a dog to physically do for you that you can't do for yourself.

| TASKS | EXAMPLES | What do you need the dog to do to help you |
|------------|---|--|
| Retrieval | <ul style="list-style-type: none">Fetch items including disability aidsRetrieve dropped itemsAssist in tidying house etc. | |
| Carrying | <ul style="list-style-type: none">Carrying items from one location to anotherDog carries a pre-arranged item to carer to signal that help is required etc. | |
| Deposit | <ul style="list-style-type: none">Put items in the trash or recycle binsPut prescriptions, mail and other items on a counter top, etc. | |
| Tug | <ul style="list-style-type: none">Open and close doorsAnswer doorbellsAssist with removing clothing, etc. | |
| Nose Nudge | <ul style="list-style-type: none">Closing doors and drawersCalling emergency servicesPushing buttons,Use light switches, etc. | |
| Pawing | Same as Nose Nudge | |
| Bracing | <ul style="list-style-type: none">Brace to prevent handler fallingSteadying handler, etc.Support from chair to bed | |
| Harness | <ul style="list-style-type: none">Helping handler to walk with balanceTransporting items in backpacks, etc. | |
| Other | <ul style="list-style-type: none">Physical alert to alarmsSearch for lost itemsFind carer and lead to handler, etc. | |
| Medical | <ul style="list-style-type: none">Call emergency servicesFetch medication in case of crisis, etc.Alert to medical conditions | |



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Part D – Disability Challenges

Please tick all boxes that are relevant to your disability, and then tick the box that best describes the level to which you are affected:

| CORE ACTIVITY | Not at all | Mild | Moderate | Severe | Profound |
|--|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Mobility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Please give details below) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | |
| What is Your Average Daily Activity Level? | | | Low | Medium | High |
| Tick one box only | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Activity | Hours/Times Doing Activity | Briefly Explain | | | |
| Watching Television | | | | | |
| Sleeping | | | | | |
| Employment/Study | | | | | |
| Sports | | | | | |
| Other Physical Activities | | | | | |



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Part E - Household Information and Living Arrangements

(For Applicant)

| | | |
|---|--|---|
| How many people live with you? (do not include yourself) | | |
| Are the individuals with whom you live willing and prepared to allow you full charge of the Assistance Dog? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does anyone living with you have any allergies? If "yes" please provide medical details | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Current Living arrangements (please tick one): In own home <input type="checkbox"/> In own apartment <input type="checkbox"/> In rental home <input type="checkbox"/> In rental apartment <input type="checkbox"/> In a caravan park <input type="checkbox"/> In retirement village <input type="checkbox"/> Live with parents <input type="checkbox"/> Live with carer <input type="checkbox"/> Live in group housing <input type="checkbox"/> Other (please describe) | | |
| Is a secure fenced area available for the dog to exercise in? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Describe the fence type (wood, colour bond, wire, farm style etc.); height, and whether it is securely gated to prevent a dog escaping: | | |
| Does the exercise area have grass? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Where is the exercise area, i.e. backyard, across the road, etc.? | | |
| Are you receiving government benefits? If "yes", which benefit | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you registered for NDIS? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Who is your service provider? | | |
| What are your NDIS contact details? | | |



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Please read carefully –

- (i) If you are apply to join the **Owner Training Program** with Carmel (Fudge) Kaczmar please complete **Part F – Dog Information (pages 12 to 16)**.
- (ii) Otherwise, please proceed to the Signature Page (page 17)

Part F - Dog Information

| DOG'S BASIC DETAILS | |
|--|--|
| Dog's Name: | |
| Dog's Gender: | Male: <input type="checkbox"/> Female: <input type="checkbox"/> |
| Dog's Status: | Desexed: <input type="checkbox"/> Not Desexed: <input type="checkbox"/> |
| Dog's date of birth or age? | Date of Birth: __/__/____ Age: |
| Breed: | |
| What height is the dog at the shoulders i.e. measure from the floor straight up to the dog's shoulder? | Height: m |
| What is the weight of the dog? (Most Veterinary clinics have scales. Do not guess.) | Weight: kg |
| What is the dog's microchip number? | |
| What Council is the dog registered with? | |



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DOG'S MEDICAL AND HEALTH HISTORY

Provide details of the dog's regular Vet.

Name:

Address:

Email:

Phone:

Provide the date of the dog's last vaccination (dd/mm/yyyy)

__/__/__

Vaccination Type, i.e. C3, C4, C5, etc.

Date next vaccination due (dd/mm/yyyy)

__/__/__

Date of dog's last heartworm vaccination (dd/mm/yyyy)

__/__/__

Is the dog currently having treatment or does it have an illness or injury. Please provide a full Veterinary Report from all treating Veterinary professionals from the time you obtained the dog.

Illness/injury: _____ Approx. Date __/__/__

Treatment Details: _____

Dog's Status:

Recovered

☐

Still has Problems

☐

Is treatment still ongoing?

Yes

☐

No

☐

Detail the ongoing treatment the dog is receiving:

How often is the dog receiving the ongoing treatment?



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| DOG'S HISTORY AND CURRENT ACTIVITIES | |
|--|---|
| Has the applicant had the dog since it was a puppy? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| How old was the puppy/dog when you got it? | Age: <input type="text"/> |
| Dog obtained from: Breeder: <input type="checkbox"/> RSPCA: <input type="checkbox"/> Rescue Group: <input type="checkbox"/> Pet Shop: <input type="checkbox"/> Other: <input type="checkbox"/> If Other, please specify: <input type="text"/> | |
| Does the dog live on a farm? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the dog work on a farm? If yes, please describe the tasks it performs | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| How much time does the dog spend alone? | Hours per day <input type="text"/> |
| How much of the dog's time is spent indoors and how much outdoors? | Indoors: <input type="text"/> (hours per day or %) Outdoors: <input type="text"/> (hours per day or %) |



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DOG'S BEHAVIOURS

Has this dog EVER bitten another dog, animal or person? Yes ☐

If yes, please provide details: No ☐

When did the incident occur? __/__/__

What did it bite?

How bad was the injury?

Why do you think it bit?

Has a complaint EVER been made against this dog, to you or Yes ☐

to any authorities? No ☐

If yes, please provide details:

When was the complaint made? __/__/__

To whom was the complaint made?

Why was the complaint made?

How did you handle the complaint?

What was the result of the complaint?

Provide examples of what the dog likes and doesn't like, i.e. chase birds, baths, play fetch, bark, escaping, sleep on the bed, watch television with you, etc.; or anything else that you would like to list so that we understand your dog a little better.

| Likes | Doesn't Like |
|-------|--------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |



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OTHER PETS

Do other animals live in the same household?

Yes: ☐

No: ☐

How many other animals live in the household?

Type of other animals:

Age of other animals:

Please briefly describe the dog's interaction with each of the other animals and residents:

Please tick all of the following personality traits that apply to your dog's personality:

| | | | | | |
|-------------|--------------------------|-------------|--------------------------|--------------|--------------------------|
| Hyperactive | <input type="checkbox"/> | Nervous | <input type="checkbox"/> | Scared | <input type="checkbox"/> |
| Rough | <input type="checkbox"/> | Playful | <input type="checkbox"/> | Lazy | <input type="checkbox"/> |
| Excitable | <input type="checkbox"/> | Loyal | <input type="checkbox"/> | Protective | <input type="checkbox"/> |
| Confident | <input type="checkbox"/> | Bully | <input type="checkbox"/> | Patient | <input type="checkbox"/> |
| Demanding | <input type="checkbox"/> | Obedient | <input type="checkbox"/> | Affectionate | <input type="checkbox"/> |
| Pushy | <input type="checkbox"/> | Barks a lot | <input type="checkbox"/> | Whines | <input type="checkbox"/> |
| Howls | <input type="checkbox"/> | Growls | <input type="checkbox"/> | Talks | <input type="checkbox"/> |

Feel free to provide more information about your dog's personality or attitude:



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TRAINING HISTORY

Did your dog attend puppy class?

Yes: ☐

No: ☐

Has the dog had any obedience training?

Yes: ☐

No: ☐

If yes, then please provide information and approximate dates i.e. puppy classes, obedience beginners, competition Community Companion Dog Title etc.

Name of training organisation/Trainer:

Training Methods:

i.e. food reward, check chain, play, praise, clicker, etc.

Approximate dates of training completed:

Training:

Date: __/__/__

Training:

Date: __/__/__

Training:

Date: __/__/__

Training:

Date: __/__/__

What type of collar or harness etc., did the applicant have on the dog?

i.e. flat collar, head harness, halti, body harness, etc.

Can the applicant give an example of how the dog was trained to do a particular behaviour?

i.e. lured to sit or rump pushed to the ground to sit



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Signature Page

Your signature below indicates that all the information you have provided in this document is true and correct. This document does not bind you to complete any programs with Miracle Assistance Dogs. The information you have provided will be used in assessing eligibility to complete one of our programs.

| | | |
|--------------------------------|--------------------------------|-------------------------------------|
| _____ Applicant's Full Name | _____ Applicant's Signature | ____/____/____ Date (dd/mm/yyyy) |
| _____ Witness's Full Name | _____ Witness's Signature | ____/____/____ Date (dd/mm/yyyy) |

Thank you for providing the information in this document.

Just a reminder: for this application to be properly assessed, all sections must be completed. Please check that you have completed all the items listed in the checklist, before submitting this form.

Please allow a minimum of 4 weeks after we receive your documents for a response.

Your completed Application form and supporting documents can be returned either electronically to info@miracleassistedogs.org.au; or post to:

Miracle Assistance Dogs Inc.
PO Box 2393,
Green Hills, NSW 2323

For further enquiries, contact info@miracleassistedogs.org.au