



Applicants Details:

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email: \_\_\_\_\_

Contact No#: \_\_\_\_\_

Emergency Contact/Dog Carer Details:

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email: \_\_\_\_\_

Contact No#: \_\_\_\_\_

Dogs Details:

Pet Name: \_\_\_\_\_

Registered Name: \_\_\_\_\_

Date of De-Sexing: \_\_\_\_\_

Council Registration No#: \_\_\_\_\_

Microchip No#: \_\_\_\_\_

Next Vaccination Date: \_\_\_\_\_

Additional information:

Do you have a clinical diagnosis of PTSD or other mental health disorder? \_\_\_\_\_

What benefit do you think having your dog trained as an assistance dog will help you with day to day life? \_\_\_\_\_

Do you live in a house or apartment? \_\_\_\_\_

Where does the dog sleep? \_\_\_\_\_

Is your residence fully fenced? \_\_\_\_\_

Are all of your family in agreement of having this dog as an assistance dog? \_\_\_\_\_

Do you agree to funding all of the animals ongoing medical and general care expenses? \_\_\_\_\_

Do you have any other pets? \_\_\_\_\_

Do you require any mobility aids? \_\_\_\_\_

How far are you able to travel to training? \_\_\_\_\_

Please Attach a copy of:

Current Profile Photo of the Handler and Dog

De-Sexing Certificate, Current Vaccination Certificate, Microchip Registration Certificate,

Application to be Emailed to [ndds@youngdiggers.com.au](mailto:ndds@youngdiggers.com.au)



## Psychiatrist to Complete

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email: \_\_\_\_\_

Contact No#: \_\_\_\_\_

Patients Name: \_\_\_\_\_

Patients Diagnosis:

Is anger part of the patient's condition YES NO

Is the patient on medication currently Are YES NO

they reliable with their medication YES NO

Is your patient capable of caring for a dog YES NO

Will the dog be safe in your patients care YES NO

Does your patient have issues with balance YES NO

How do you expect your patient to benefit from having an assistance dog?

In your medical opinion does your client meet the definition of a disability as defined in the Australian Disability Discrimination Act 1992?

Disability, in relation to a person, means:

- a) total or partial loss of the person's bodily or mental functions; or
- b) total or partial loss of a part of the body; or
- c) the presence in the body of organisms causing disease or illness; or
- d) the presence in the body of organisms capable of causing disease or illness; or
- e) the malfunction, malformation or disfigurement of a part of the person's body; or
- f) a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or
- g) a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment or that results in disturbed behaviour; and includes a disability that:
- h) presently exists; or
- i) previously existed but no longer exists; or
- j) may exist in the future (including because of a genetic predisposition to that disability); or
- k) is imputed to a person. To avoid doubt, a disability that is otherwise covered by this definition includes behaviour that is a symptom or manifestation of the disability

YES NO

By applying to Young diggers your patient is giving consent for us to contact you as necessary.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Personal Reference

Must be someone who knows you but not a family member

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email: \_\_\_\_\_

Contact No#: \_\_\_\_\_

Applicants name: \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Having an assistance do can be expensive do you believe the applicant will be able to afford those expenses? \_\_\_\_\_

Does the applicant have other animals? \_\_\_\_\_

Where do the animals sleep? \_\_\_\_\_

Are the animals well cared for? \_\_\_\_\_

Have you seen the applicant be violent towards an animal? \_\_\_\_\_

How do you think an assistance dog will benefit the applicant? \_\_\_\_\_

By applying to Young diggers your patient is giving consent for us to contact you as necessary.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_