

cstda



SERVICE APPLICATION FORM

IN CONFIDENCE WHEN COMPLETED

PARTICIPANT PERSONAL DETAILS					
First Name			Family Name		
Address Street			Suburb		State
Marital Status Single / Married / Partner / Divorced	Residential Status Family / Alone / Carer Assisted / Care Unit / other		Gender Male / Female	Post Code	
Tel – Home		Tel - Mobile		Tel - Business	
Date of birth		Email			
DETAILS OF PERSON FILLING THIS FORM IF NOT THE PARTICIPANT					
First Name			Family Name		
Name & Relationship to Participant				Is participant aware that you are applying for a Therapy dog for them? Yes / No	
Contact details if different to those above					
Address Street		Suburb		State	Post Code
Tel – Home		Tel - Mobile		Email	
PEOPLE THAT ARE IMPORTANT TO THE PARTICIPANT					
First Name	Surname	Relationship	Telephone	Email	
					A
					B
					C
					D
					E
					F

In the spirit of Reconciliation, CSTDA acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Owners and Custodians of this country, and their connection to land, water and community. We pay our respect to them, their cultures and customs, and to Elders both past and present.

Center for Service and Therapy Dogs Australia Pty Ltd., 26 Poplar Street, Caulfield South, Victoria, 3162

TEL - +61 458 458 541, WWW - <http://cstda.com.au/>, @info@cstda.com.au, ABN – 21143697116

PEOPLE WHO CARE FOR THE PARTICIPANT			
First Name		Family Name	
Address Street		Suburb	State
Tel - Business	Tel - Mobile		Post Code
Therapeutic Relationship		Email	

First Name		Family Name	
Address Street		Suburb	State
Tel - Business	Tel - Mobile		Post Code
Therapeutic Relationship		Email	

First Name		Family Name	
Address Street		Suburb	State
Tel - Business	Tel - Mobile		Post Code
Therapeutic Relationship		Email	

First Name		Family Name	
Address Street		Suburb	State
Tel - Business	Tel - Mobile		Post Code
Therapeutic Relationship		Email	

Please note: During the application process you will be required to give permission for the CSTDA to contact these individuals. This is to enable the organisation to assess the potential impact of a service dog for the participant and to determine individualised training requirements for the dog.

CURRENT CONDITION

What is the current diagnosis, condition and medical history?

What support and aid systems are in place? Family support? Care workers? ...

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PARTICIPANT EDUCATION / OCCUPATION / HOBBIES & INTERESTS			
Please list details of all schools & educational facilities attended by the participant (4 most recent)			
Facility	Period From To		Tel Number Contact if available
Please list details of all jobs / occupational positions held (4 most recent)			
Facility / Detail of work	Period From To		Tel Number Contact if available
List any Hobbies / Sports / Interests or other leisure activities pursued by the participant and the average amount of time spent on it a regular week. Indicate if their condition hinders them from pursuing it more fully.			
Activity	Time	Functionality	
Does the participant have any experience or exposure to pets / animals (family or personal)			
Does the participant have any preference for a dog size and breed? Please specify;			
Does the participant have any allergies to animal hair or fur? Yes / No			
Please list any past memorable / enjoyable experiences			
Experiences / moments	Year		

EXPECTATIONS FROM THE CSTDA PROGRAM

How do you believe a service or therapy dog can assist you or the participant?

Have you participated in any other animal assisted therapy programs in the past? Yes / No
If so please identify which programs and provide details;

What would you like to achieve from the program Goals

Are you aware that a Service or Therapy dog requires ongoing expenses, time, and effort to exercise, care for, provide veterinary care and maintain their training? Yes / No

SUBMIT

PLEASE NOTE – IF YOU NEED ASSISTANCE COMPLETING THIS FORMS PLEASE CALL KEVIN 458458541.

If there is anything in this document that you do not understand Please....Please

- Ask a CSTDA therapist for help
- Ask the CSTDA chief executive officer KEVIN PICKER on 0458458541. He is our participant representative on the board of control.
- Ask a friend
- Language difficulties - Use an interpreter. An interpreter is someone who speaks in your language. Call 03 9280 1955
- COMMUNICATION DIFFICULTY - If you are deaf, have hearing loss or difficulty speaking the National Relay Service can help you with your call to LWB. Contact them via TTY: 133677 | SSR: 1300 555 727 | IR: <http://www.relayservice.com.au> Hearing difficulties
- Visit www.odsc.vic.gov.au or call Disability Services Commissioner on 1800 677 342

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