

Personal Information

Please
attach
a passport
sized
photo of
applicant

Name:

Date of Birth : / /

If you are applying on behalf of a child please give the following details

Name:

Date of Birth : / /

Relationship to applicant

Address:
.....
.....

Postcode:

Day Phone:

Evening Phone :

Mobile Phone:

Email Address:

Do you have internet access? Yes / No

Please state whether it is work or home based:

Please give more detail with regards to the medical condition for which you are applying for an assistance dog to assist you with
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When did you receive the diagnosis for your condition?

Please list any other medical conditions that you have been diagnosed with.....
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Please explain (if relevant) how these conditions impact the primary condition you are applying for assistance with.....
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Please confirm when these other conditions were diagnosed.....
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.....

I have read and understand the eligibility criteria and requirements provided by Medical Detection Dogs before making this application	Yes	No
Are you (or the applicant) aged between 5 and 75 years	Yes	No
You are living in England, Wales or mainland Scotland	Yes	No
Are you able to travel to a venue of the charity's choice to undertake an assessment interview?	Yes	No
Are you able to provide a means of feeding, giving water and grooming the dog?	Yes	No
Are you capable of independently completing a minimum of two 40 minute walks/runs per day with the dog?	Yes	No
Are you able to attend a charity training course covering all aspects of handling the dog and its care? The length of such a course, its format and its venue being at the absolute discretion of the charity.	Yes	No
Are you able to provide access to a veterinary surgeon for routine preventative treatments and emergency treatment?	Yes	No
Once a dog is placed do you agree to undertake all costs relating to assistance dog ownership including insurance and any excesses; feeding, worming, flea treatment and equipment?	Yes	No
You understand that the dog remains the property of Medical Detection Dogs at all times. (unless where we have agreed to train your own dog)	Yes	No
You will follow the instructor's guidance on feeding and training	Yes	No
You will treat the dog as a working dog, not just a pet (this also means ensuring that the dog is well behaved in public)	Yes	No
You will tell the instructor if you experience problems in training, obedience or any other related matters.	Yes	No
Do you or any member of your house hold smoke?	Yes	No
You are willing to modify your lifestyle and/or attitudes to meet the dog's ongoing physical and psychological needs.	Yes	No
In the case of an applicant owned dog, you commit to your dog being regulated by the charity as a charity owned dog would be.	Yes	No
You commit to maintaining the appropriate data collection, training and handling sessions, support visits , refresher training and other sessions deemed appropriate by MDD.	Yes	No

Living Situation

1. Members in household (other than applicant)

Name	Age	Relationship to you

2. Are members of the household supportive of your application?
(If not please describe concerns)

Yes	No
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3. Please list all pets in your household

Type of animal/Breed	Age	Are they socialised with dogs?

4. What is your current accommodation type? (please indicate):

House	Bungalow / Flat	Sheltered/Independent Living Accommodation
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If a flat, which floor? :

Other (please give details)

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Do you have an enclosed, secure garden?

Yes	No
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If not please state what areas are available to exercise and toilet a dog.

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5. Do you own your property?

Yes	No
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6. Do you rent? (if yes please give landlord's details)

Yes	No
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*Please note – we will require written permission from your landlord for an assistance dog to live with you in your home. **Please include this when returning your application form.***

Name of Landlord:

Address:
.....
.....

Postcode:

Day Phone:

E-mail address:

7. If you live in a rented property, please tick below as appropriate

Council/Housing Association	Private Rented	Student	Tied/Service
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Other (please give details)

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Health Information

This section is to help MDD consider if you need any adjustments in order to work with an assistance dog. We may want to contact other health care professionals you currently work with.

1. Do you have difficulties in walking / mobility?
Do you use a stick (if so, in which hand), are you a wheelchair user?
Do you have any balance problems or weakness? How far can you walk unaided?
If yes, what assistance do you require?

Yes	No
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.....

2. Do you require any specialist care on a regular basis (e.g. community support)?
If yes, please describe.

Yes	No
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3. Do you have any degree of hearing impairment?
If yes, please describe.

Yes	No
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4. Do you have any degree of visual impairment?
If yes, please describe.

Yes	No
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5. Are you receiving any prescribed medication that could have an effect on your ability to be partnered with an assistance dog?
If yes, please describe.

Yes	No
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.....

6. Do you attend regular doctor / hospital appointments?
If yes, please detail.

Yes	No
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7. Are you affected by any of the following? (Please circle all that apply).

Anxiety	Attention Deficit Disorder	Autistic spectrum	Behavioural disorder
Dementia	Developmental delay	Dyslexia	Learning disability
Long term memory problems	Mood / personality disorder	Non or limited speech	Short term memory problems
Word association problems			

If any of the above are circled, please give more details including what input is received to help manage this condition. On the consent form, please provide details of professionals involved so we may contact them for further advice.

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Other (please specify below).

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8. Is English your first language?
If no, please give details.

Yes	No
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9. Are you able to receive information both visually & audibly and follow instruction fully?
If no please give details.

Yes	No
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10. Are there any other health factors or secondary disabilities that you feel may affect your ability to be partnered with an assistance dog? If yes, please describe.

Yes	No
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Employment Information

1. Please describe your current employment status.

Employed	Medically unfit to work	Student	Unemployed	Volunteer
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Additional comments:

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2. If a student, are you?

Full-time	Part-time
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3. If a student - Please give us the details of your school / college, year and length of time remaining.

Name of school/college:

Address of school/college:
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.....
.....

Postcode:

Telephone:

E-mail address:

*Please note – we will require written permission from your education establishment for an assistance dog to be with you in this environment. **Please include this when returning your application form.***

As part of the home interview, a visit to your place of study will be carried out where advice and guidance will be offered to the education establishment in relation to the practicalities of working with an assistance dog.

4. If you are not a student please describe your occupation:
(If you are applying for a child please add your employment details and time out of the home if applicable.)

.....
Employer's Name:

Job title / brief description of duties:
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Employer's Address:

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Postcode:

Telephone:

E-mail address:

5. How many days per week do you work (and how many hours per day)?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
hrs	hrs	hrs	hrs	hrs	hrs	hrs

6. Typically, how many hours per week do you work?

7. Have you obtained permission to have an assistance dog at your workplace?

*Please note – we will require written permission from your employer for an assistance dog to be with you in the work environment. **Please include this when returning your application form.***

Yes	No
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As part of the home interview, a work visit will be carried out where advice and guidance will be offered to the employer in relation to the practicalities of working with an assistance dog.

8. What concerns, if any, has your employer raised in relation to you having an assistance dog at work with you?

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9. Describe the facilities available for the dog at your workplace (i.e. toileting area).

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During the process we will be forwarding a risk assessment form to your employer for completion.

Living with a Medical Alert Assistance Dog

1. Living with a Medical Alert Assistance Dog brings with it a lot of responsibility, including routine veterinary care, vaccinations, possible emergency care and general costs of dog ownership. Are you aware of, and prepared to assume the financial responsibilities for the assistance dog? If no, please give details of the concerns you have.

Yes	No
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2. Have you any previous experience of handling dogs?

Yes	No
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Please describe your dog handling experience and breeds you are used to.

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3. Describe your ability to control a dog physically (i.e. are you able to hold a lead without assistance from another, please be aware children applicants require a responsible adult to assist them).

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4. How would you describe your attitude to an assistance dog?

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5. Who will be responsible for free running the dog and where (what kinds of environment e.g woods, beach, park)? (Free running is allowing the dog to be in an open area without a lead where he/she can run and play freely and safely).

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6. Who will be responsible for clearing and picking up after the dog has toileted?

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Tasks required from an assistance dog

1. What are you hoping your assistance dog would help you with?

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2. Please describe the other environments & conditions that the assistance dog will be exposed to:

	frequency per week		
	1-5	6- 10	Not at all
Personal Transport			
Public Transport (please specify) e.g. bus, train etc.			
Office/Workplace			
Social area i.e. Day Centre			
Supermarkets/Shops			
Restaurants			
Children			
Church/Place of Worship			
Hospitals / GP surgery			
Other (please specify)			

3. Other places regularly visited but less frequently than once a week i.e. meeting groups

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Training

The majority of the assessment and training is conducted at the Centre in Great Horwood. Do you have any concerns in regards to this? If Yes, please detail

Yes	No
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1. What is your availability to come to the Centre for training? (Please mention any pre-booked holidays.)

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2. Would you require any specialist equipment to enable you to attend a training course?

If yes, please describe.

Yes	No
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3. Would you require any specialist care to enable you to attend a training course?

If yes, please describe.

Yes	No
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Data Protection Statement

The information on this form will be used by Medical Detection Dogs to assess your needs and will form the basis of your assistance dog application. This information may be checked with other agencies/bodies to support the details of your application.

Only relevant information will be held on the Training Department's Applications Register/Files, in accordance with the terms of the Data Protection Act 1998 and Medical Detection Dogs will be the data controller for the purposes of the Act.

Your information may be used for research and development and may occasionally be used anonymously by a third party.

If you want to know more about the information we are holding, or the way we use it then you can write requesting details to: Medical Detection Dogs, 3 Millfield, Greenway Business Park, Winslow Road, Great Horwood, Milton Keynes MK17 0NP.

Media & Fundraising

Media coverage and fundraising, is an integral part of the continuing success of the charity and increases the people we can help. You may be asked (once in a qualified partnership) to become involved in media coverage and/or public events. Would you be willing to participate in such coverage or public events?

Yes	No
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Comments:

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Would you be willing to help fundraise on behalf of the charity?

Yes	No
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Comments:

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Please tell us how you heard about us

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Equal Opportunities Monitoring Form

Please complete this form which helps us to monitor applicants for equality purposes. This is sensitive personal data and will be treated with the utmost confidentiality in line with the requirements of the Data Protection legislation. The data will only be used for general statistical and monitoring purposes. The data will not be taken into account in assessing information on your application form. Thank you.

Type of Application:

Type 1 Diabetes	Allergy Alert Dog	Other Condition
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If other condition, please specify:

Location:

Gender:

Male	Female
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How would you describe your ethnic origin?

Ethnic origin is not about nationality, place of birth or citizenship. It is about broad ethnic groups. You might belong to any of the groups indicated.

British	Irish	Welsh	English	Scottish
Any other white background	White & Asian	White & Black Caribbean	White & Black African	Any other mixed background
Indian	Pakistani	Bangladeshi	Any other Asian background	Caribbean
African	Any other black background	Chinese	Any other Chinese background	Any other ethnic background
I do not wish to declare my ethnic group				

Age:

16-25	26-35	36-45	46-55	56-65	Over 65
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Disability details:

Medical Detection Dogs believes that people are disabled by the barriers society places in their way and not by their own impairments. We are an organisation that is working towards a world where disabled people have the same opportunities to fulfil their life ambitions as non-disabled people. The Equality Act defines a disabled person as someone who has a physical or mental impairment that has a substantial and long term adverse effect on their ability to perform normal day to day activities. It also covers people who have been diagnosed with HIV, cancer or multiple sclerosis. ('substantial' means more than minor or trivial, 'long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months, 'normal day-to-day activities' include everyday things like eating, washing, walking and going shopping)

Does this definition apply to you?

Yes	No	Do not wish to declare
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How would you describe your religion or belief?

Buddhist	Hindu	Christian (all denominations)	Jewish
Muslim	Sikh	Any other religion or belief	none
I do not wish to declare my Religion or Belief			

Applicant's Declaration

I agree to advise Medical Detection Dogs of any change in circumstances which occur after the application has been submitted.

I understand that any false information given by me may result in my application being declined.

X Applicant's Signature:

Date:

Fill out the section below if the application form was completed by a person other than the applicant:

Name:

Signature:.....

Relationship to the applicant:

Consent to Contact Professionals Involved in your Care

To help us assess your suitability to be partnered with an assistance dog, we may require further information from other people who you have contact with for your medical condition(s). Please document below all the professionals involved with your medical condition(s) and return this form with your completed application. This should include any specialists you see for your medical condition, social workers, rehabilitation team and / or counsellors.

We would like to reassure you that your medical details will be reviewed in confidence,

Please sign below giving your consent to allow us to contact the professionals named above. (Please also ensure that the contact details provided are correct)

1). Medical Condition:

Name of professional: Role:

Contact address:

.....

Telephone: Email:

Date last seen: / /

2). Medical Condition:

Name of professional: Role:

Contact address:

.....

Telephone: Email:

Date last seen: / /

3). Medical Condition:

Name of professional: Role:

Contact address:

.....

Telephone: Email:

Date last seen: / /

Your name:

X Applicant signature:

Date:

Other Additional Medical Details

To help us assess your suitability to be partnered with an assistance dog, we require some medical details. This will be by means of a completed medical form. Please note: we require this to be completed by your specialist nurse / consultant for the condition you are applying for help with. If there are other conditions that may affect your application, we may contact those health care professionals for further information. This must be returned with your completed application. After receiving this information, we may also request further information from your GP. Please provide your GP's details below. This information will also be used to help us plan a training programme suited to your fitness and general medical condition.

G.P's name:

Surgery name:

Surgery Address:
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.....
.....

Postcode:

Telephone:

E-mail address:

We would like to reassure you that your medical details will be reviewed in confidence, please sign below giving your consent to this. (Please also ensure that the contact details are correct)



Your name:

X Applicant signature:

Date:

Research and Data Collection

Medical Detection Dogs conduct their own research for the purposes of audit, evaluation, training and monitoring. Data taken from application forms and ongoing data collection with the charity may well be used. From time to time this work may be published however all information will be anonymised so no one will be able to tell where the information has come from.

The charity often needs a regular supply of samples (breath and or skin wipes) to help in the early stages of dog training and would appreciate your consent to use any samples you have provided for the charity and to approach you in the future to obtain more samples. These samples will only be stored and used by Medical Detection Dogs and will not be passed on to any other party.

I consent to my data and / or samples (please delete as appropriate) to be used by Medical Detection Dogs as above.

Your name:

X Applicant signature:

Date:

Photographs, Video and Media Footage

Medical Detection Dogs often use photography, video, other types of media footage and personal stories for their website, publications and media coverage including television and radio. Footage may be obtained recorded by Medical Detection Dogs, people working on behalf of the Charity, independent media sources or by yourself. Please sign below if you are happy for Medical Detection Dogs to use any footage (provided by any of the above sources) in a variety of promotional material. All material will become part of the Medical Detection Dog media library and be used in the future.

Any footage provided by yourself that is considered of a personal nature (e.g. during a medical episode or collapse will be stored in a secure manner and Medical Detection Dogs will seek your permission for it to be used other than for internal training purposes within the charity.

Your name:

X Applicant signature:

Date:

The application is now ready to send to MDD when the following forms are completed:

Information required	Tick if completed / attached
Personal Information	
Employment Information	
Living with a medical alert assistance dog information	
Data protection, Media & Fundraising	
Equal opportunities monitoring form	
Applicant's declaration	
Consent to contact professionals involved in your care	
Medical details	
Research and data collection	
Photographs, Video and Media Footage	
Supporting evidence (if required) <ul style="list-style-type: none"> • 3 month blood glucose download (if applying for diabetes) • 3 month symptom and episode diary (if applying for other condition) • written permission from landlord (if you rent) • written permission from employer / education establishment 	
if applying for your own dog to be trained: <ul style="list-style-type: none"> • own dog additional information available on website) • vet form 	