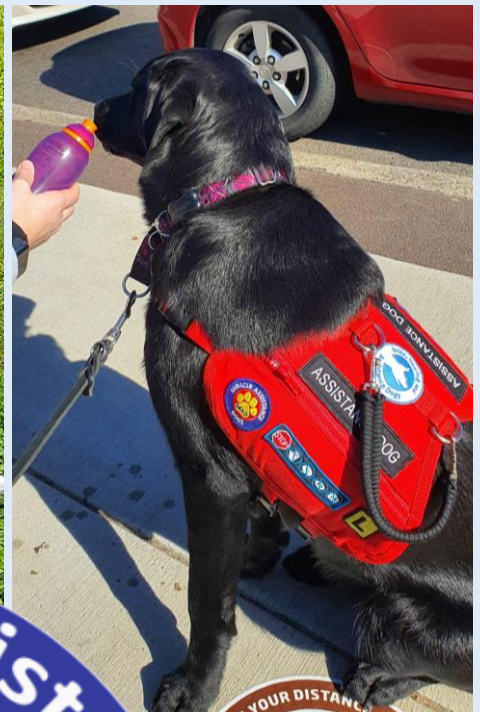


# Miracle Assistance Dogs Inc.

## Application Form





# MIRACLE ASSISTANCE DOGS

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## Application Fee

**An Application Fee of \$100 applies to all applications submitted. The fee must be paid to and received by Miracle Assistance Dogs Inc. before the application can be processed.**

**A copy of proof of payment of the application fee must be provided.**

The application will be processed once payment has been confirmed.

## Important Information about the Application

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.

### **If applying to transfer from another GHAD Trainer:**

Handlers and their assistance dogs are required to maintain a high standard of training in obedience, tasks, behaviour, health, and hygiene during the working life of the assistance dog. This is achieved through an ongoing relationship with the Handler and their Approved Trainer or Training Institution.

Miracle Assistance Dogs Inc. helps Handlers to achieve and then maintain those high standards by communicating, assessing, and training applied through a review process. This is called the "Maintenance Program". Fees and a schedule are available by emailing [info@miracleassistancedogs.org.au](mailto:info@miracleassistancedogs.org.au).

It can often be a stressful time when changing trainers. Know that we are here to support you. We encourage you to email us with any questions regarding this change over.



## 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 (GHAD) 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](mailto: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.

Our Privacy Policy can be obtained by emailing [info@miracleassistancedogs.org.au](mailto:info@miracleassistancedogs.org.au)



## Miracle Assistance Dogs Inc. Application Form

Please tick the box that applies to you. Only one box can be selected. **Refer to the Information Pack flyer for fees. Note: All handlers with a dog certified by MAD are required to pay an ongoing maintenance program fee for the working life of the dog.**

- 1. Purchase a trained Miracle Assistance Dog.**  
This program provides a ready trained Miracle Assistance Dog to the recipient. Ownership of the dog is not changed until after the first Annual Review or until the handler and dog are assessed as a highly effective team. This requires all obedience and task training to be demonstrated as having been maintained to a high standard.
- 2. Join the Owner Handler Training Program.**  
This program requires the recipient to also commit to the Owner Handler Training Program for a minimum of 6 months. Only people who have past experience in training a dog should apply.
- 3. To be placed on the waiting list for a Donated Miracle Assistance Dog.**  
The waiting list is often more than 2.5 years.  
***Please Note:*** *The waiting list does NOT work on a first in basis. When a dog becomes available, we go to the list to find a compatible applicant. We start the search amongst those who have been on the list the longest until we find a suitable recipient. Therefore, the person who has been on the list the longest might not receive the next available charity dog.*
- 4. Transfer from another GHAD Approved Trainer and go onto our Maintenance Program.**  
The Handler must provide a letter of referral from their Approved Assistance Dog Trainer. The referral must state the reasons for the referral and that the past trainer will no longer provide services or advice regarding the assistance dog.



# MIRACLE ASSISTANCE DOGS

## 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				Phone	
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) (Must not be a relative)	
Full Name	
Relationship to Applicant	
Length of relationship	
Phone	
Email	



# MIRACLE ASSISTANCE DOGS

## Part B – Parent/Carer/Partner or Alternative Handler Details

<b>Basic Information</b>					
<b>Please circle: Parent, Carer, Partner or Alternative Handler</b>					
<b>Title</b>		<b>First Name</b>		<b>Last Name</b>	
<b>Gender</b>		<b>Date of Birth (dd/mm/yyyy)</b>		_/_/___	
<b>Email</b>				<b>Phone</b>	
<b>Residential Address</b>					
<b>Street</b>					
<b>Suburb</b>		<b>State</b>		<b>Postcode</b>	
<b>Postal address (if different from above)</b>					
<b>Street</b>					
<b>Suburb</b>		<b>State</b>		<b>Postcode</b>	

<b>Employer Details</b>	
<b>Employer Name</b>	
<b>Address</b>	
<b>Employer Phone</b>	
<b>Employer Email</b>	

<b>Referee's Details (Must not be a relative)</b>	
<b>Full Name</b>	
<b>Relationship to Applicant</b>	
<b>Length of relationship</b>	
<b>Phone</b>	
<b>Email</b>	

<b>Does this person provide physical support to the applicant?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If "yes", please describe how:</b>		



## 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. We will be in a better position to provide services to you if we have information regarding how your disability affects your daily life.

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

<b>Please provide a list of diagnoses</b> e.g. Diabetes, ASD etc.
Please provide more information below on how your disability affects you.
<input type="checkbox"/> <b>Physical</b> (i.e. functioning, mobility, dexterity, stamina etc.) Description:
<input type="checkbox"/> <b>Sensory</b> (i.e. sight, hearing, smell, touch, taste, spatial etc.) Description:
<input type="checkbox"/> <b>Intellectual</b> (i.e. reasoning, learning, problem solving, adaptability etc.) Description:
<input type="checkbox"/> <b>Psychiatric</b> (i.e. emotive, cognitive, behavioural etc.) Description:
<input type="checkbox"/> <b>Other</b> Description:
<b>Any other information to support the application on how the disability affects you?</b> Description:





# MIRACLE ASSISTANCE DOGS

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

An Assistance Dog must be able to do something for the person that the person cannot do for themselves or which makes their daily living easier. These are called tasks. Refer to <http://www.iaadp.org/tasks.html> for more information on tasks.

When completing this section, you will need to include **three** 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"> <li>• Fetch items including disability aids</li> <li>• Retrieve dropped items</li> <li>• Assist in tidying house etc.</li> </ul>	
Carrying	<ul style="list-style-type: none"> <li>• Carrying items from one location to another</li> <li>• Dog carries a pre-arranged item to carer to signal that help is required etc.</li> </ul>	
Deposit	<ul style="list-style-type: none"> <li>• Put items in the trash or recycle bins</li> <li>• Put prescriptions, mail and other items on a counter top, etc.</li> </ul>	
Tug	<ul style="list-style-type: none"> <li>• Open and close doors</li> <li>• Answer doorbells</li> <li>• Assist with removing clothing, etc.</li> </ul>	
Nose Nudge	<ul style="list-style-type: none"> <li>• Closing doors and drawers</li> <li>• Calling emergency services</li> <li>• Pushing buttons,</li> <li>• Use light switches, etc.</li> </ul>	
Pawing	Same as Nose Nudge	
Bracing (Larger breeds only)	<ul style="list-style-type: none"> <li>• Brace to prevent handler falling</li> <li>• Steadying handler, etc.</li> <li>• Support from chair to bed</li> </ul>	
Harness (Larger breeds only)	<ul style="list-style-type: none"> <li>• Helping handler to walk with balance</li> <li>• Transporting items in backpacks, etc.</li> </ul>	
Medical	<ul style="list-style-type: none"> <li>• Call emergency services</li> <li>• Fetch medication in case of crisis, etc.</li> <li>• Alert to medical conditions</li> </ul>	
Other	<ul style="list-style-type: none"> <li>• Physical alert to alarms</li> <li>• Search for lost items</li> <li>• Find carer and lead to handler, etc.</li> </ul>	



# MIRACLE ASSISTANCE DOGS

## 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 (medium)	Severe (very serious)	Profound (extreme)	
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? (Tick one box only)				<b>Low</b> <input type="checkbox"/>	<b>Medium</b> <input type="checkbox"/>	<b>High</b> <input type="checkbox"/>
Please give a 24-hour example below.						
<b>Activity:</b>	<b>Hours/Times Doing Activity:</b>	<b>Briefly Explain:</b>				
Watching Television						
Sleeping						
Employment/Study						
Sports						
Other Physical Activities						



# MIRACLE ASSISTANCE DOGS

## 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?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If "yes", please provide medical details:		
Current Living arrangements (please tick one):		
In own house <input type="checkbox"/>	In own apartment <input type="checkbox"/>	In rental house <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) <input type="checkbox"/>		
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?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If "yes", which benefit? _____		
Are you registered for NDIS?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Who is your service provider?		
What are your NDIS contact details?		



# MIRACLE ASSISTANCE DOGS

<b>OTHER PETS</b>	
Do other animals live in this household?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If “yes”, how many other animals live in the household?	
Type of other animals:	Age of other animals:

**Please read carefully:**

- (i) If you are applying to join the Owner Handler Training Program with Miracle Assistance Dogs (MAD) or to transfer from another Approved GHAD Trainer please complete **Part F – Dog Information** (pages 13 - 17).
- (ii) Otherwise, please proceed to the Checklist (page 18).



# MIRACLE ASSISTANCE DOGS

## Part F - Dog Information

<b>DOG'S BASIC DETAILS</b>	
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:
Dog's 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
Dog's microchip number	
Council the dog is registered with:	
<b>Provide a copy of the dog's council registration.</b>	



# MIRACLE ASSISTANCE DOGS

## 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, C7 etc.

Date next vaccination is due (dd/mm/yyyy)

\_\_\_/\_\_\_/\_\_\_

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

\_\_\_/\_\_\_/\_\_\_

Date and name of dog's last flea & tick prevention

\_\_\_/\_\_\_/\_\_\_

Date and name of dog's last intestinal worm prevention

\_\_\_/\_\_\_/\_\_\_

Is the dog currently having treatment or does it have an illness or injury?

**Please provide a full 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 the treatment still ongoing?

Yes

No

Detail the ongoing treatment the dog is receiving:

How often is the dog receiving the ongoing treatment?



# MIRACLE ASSISTANCE DOGS

<b>DOG'S HISTORY AND CURRENT ACTIVITIES</b>	
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: _____
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:	
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
How much of the dog's time is spent indoors and how much outdoors?	Indoors: _____ (hours per day or %) Outdoors: _____ (hours per day or %)

**Only applicable for the Approved GHAD Trainer Transfer program:**

Who trained this Assistance Dog?	
Who is the Approved Trainer or Institution you are changing from?	
<b>Please send us a clear photograph of the front of your GHAD issued Handler Identity Card.</b>	



# MIRACLE ASSISTANCE DOGS

## DOG'S BEHAVIOURS

Has this dog EVER bitten another dog, animal, or person? Yes  No

Has this dog EVER growled at another dog, animal, or person? Yes  No

If "yes", please provide details:

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 to any authorities? Yes  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





# MIRACLE ASSISTANCE DOGS

Please tick all 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"/>
Protective	<input type="checkbox"/>	Guards Toys or Food	<input type="checkbox"/>	Hates Being Separated	<input type="checkbox"/>

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



# MIRACLE ASSISTANCE DOGS

<b>TRAINING HISTORY</b>	
Has the handler trained a dog before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did this dog attend puppy class?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has this dog had any obedience training?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "yes", please provide below 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 this dog? i.e. flat collar, head harness, halti, body harness, etc.	
Can the applicant give an example of how this dog was trained to do a particular behaviour? i.e. lured to sit or rump pushed to the ground to sit.	



## 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:

<b>Part A – Applicant’s Details</b> completed	<input type="checkbox"/>
Basic Information section completed	
Employer/School Details section (if applicable) completed	
Referee Details section completed	
<b>Part B – Parent/Carer/Partner or Alternative Handler Details</b> completed	<input type="checkbox"/>
Basic Information section completed	
Employer Details section completed	
Referee Details section completed	
Physical Support section completed	
<b>Part C – Disability Information</b> completed	<input type="checkbox"/>
Included a <b>Certificate of Disability</b> signed by a Registered Health Practitioner	
List of diagnoses completed	
Disability Category completed	
List of tasks that the dog should be able to perform completed	
Any additional supporting medical documentation included	
Any other additional supporting information included	
<b>Part D – Disability Challenges</b> completed	<input type="checkbox"/>
The impact that your disability has on core activities completed	
Completed the daily activities you partake in	
<b>Part E – Household Info &amp; Living Arrangements</b> completed	<input type="checkbox"/>
Household Information completed	
Living Arrangements completed	
Property Fencing Information provided	
Government Benefits section completed (if applicable)	
NDIS Details completed (if applicable)	
Other Pets Details section completed	
<b>Signature Page:</b> Read, understood, and provided signatures for both the application and a witness	<input type="checkbox"/>



# MIRACLE ASSISTANCE DOGS

**Only complete Part F, if applying for the Owner Handler Training Program or Approved GHAD Trainer Transfer Program.**

<b>Part F – Dog Information</b> completed	<input type="checkbox"/>
<b>Dog’s Basic Details</b> completed	<input type="checkbox"/>
Dog’s Basic Details completed	
Dog’s microchip number provided	
Council that the dog is registered with provided	
Included a copy of the dog’s council registration	
<b>Dog’s Medical and Health History Details</b> completed	<input type="checkbox"/>
Details of dog’s regular Vet provided	
Vaccination information and/or certificate provided	
Details of dog’s flea, tick and intestinal worm prevention provided	
Major illnesses or injury details completed	
Included a Veterinary Report of dog’s medical history	
<b>Dog’s History and Current Activities Details</b> completed	<input type="checkbox"/>
Details of how long the applicant has had the dog	
Details of current activities completed	
<b>Dog’s Behaviour Details</b> completed	<input type="checkbox"/>
Biting details completed (if applicable)	
Complaint details completed (if applicable)	
Dog’s likes and dislikes completed	
<b>Training History</b> completed	<input type="checkbox"/>
Training information completed	
Training organisation and/or Trainer information completed	
Training Methods employed completed	
Types of collars used on dog when training completed	
Example of how dog was trained completed	
Any other supporting medical documentation for the dog included	
Any other additional supporting information for the dog included	
Only applicable for Trainer Transfer: Previous Approved Trainer completed	<input type="checkbox"/>



# MIRACLE ASSISTANCE DOGS

## 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 sections, before submitting this form. Please cross out or write N/A for not applicable, on sections you do not complete.

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@miracleassistancedogs.org.au](mailto:info@miracleassistancedogs.org.au); or post to:

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

For further enquiries, contact [info@miracleassistancedogs.org.au](mailto:info@miracleassistancedogs.org.au)