**CANINE COURT COMPANION PROGRAM APPLICATION**

Thank you for your interest in Guide Dogs NSW/ACT’s Canine Court Companion Program.

Please read and compete all pages in this document. Once completed please forward to:

**Canine Court Companion Program (CCCP)**

**Guide Dogs NSW/ACT**

**PO Box 3104**

**FREEMANS REACH NSW 2756**

**Fax: 02 4579 7537 Or email to: pat**[**@guidedogs.com.au**](mailto:guidedogscentre@guidedogs.com.au)

**Applicant Details**

Title (Mrs, Miss, Ms, Mr, etc.): \_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Suburb, state, postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Preferred contact: Mobile Email Home phone

Uniform size (polo short and jacket): Ladies 8 10 12 14 16 18 other\_\_\_\_\_\_\_\_

Mens S M L XL XXL other\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

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

Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your property (circle/highlight): Owned Rented Public Housing Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your property is rented or is public housing have you advised your landlord/agent of your intent to apply for a CCCP dog and are they are aware CCCP dogs require access to inside the home? Yes No

**SKILLS AND EXPERIENCE**

In what profession/area is the bulk of your experience?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please outline any formal qualification/ training you have completed:

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Please outline any interests or hobbies you feel may support your application:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please outline any recent or previous volunteer experience you have:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please indicate what best describes your situation**

I would like to Host a dog and become a Therapy dog Handler. Yes

I would like to become a Therapy dog Handler, am unable to Host a dog full time but Yes

can do temporary care.

I would like to become a Therapy dog Handler but am unable to host a dog at all. Yes

I currently own a dog from GDNSW/ACT and am interested in becoming a Therapy Dog Handler. Yes

I would like to volunteer with my own Labrador or Golden Retriever Yes

**What is your preferred Courthouse location?**

**Metro**  Manly Gosford Sutherland Burwood Campbelltown

**Regional** Lismore Goulburn Nowra Orange Wagga Wagga

Seeking expressions of interest for courts in:

**Regional** Taree Maitland

**Which days can you commit to for weekly Courthouse visits 9am – 10.30am?**

Monday Tuesday Wednesday Thursday Friday

**Metro Applicants**

Are you able to travel to Parramatta Justice Precinct for training? Yes No

Are you able to travel to the Guide Dog Centre in Glossodia for training? Yes No

Are you able to collect supplies from a Puppy Development Advisor in your local area? Yes No

Are you able to attend training days with a Puppy Development Advisor in your local area? Yes No

**Regional Applicants**

Are you able to travel to a nominated local location for training? Yes No

Are you able to collect supplies from your local pet store? Yes No

Would you be willing to attend your local dog training club to maintain handling skills? Yes No

**Home – Please complete if you will be Hosting or providing temporary care for a Therapy Dog**

Do you live: Alone With family Shared housing Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do the people you live with support your application? Yes No NA

Do you or does anyone living at your home have an allergy to or fear of dogs? Yes No NA

Do you have a dog/s living at your home? Yes No

Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_

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If yes are they sociable with people? Yes No NA

If yes are they sociable with other dogs? Yes No NA

Do you have a cat/s living at your home? Yes No

Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_

If yes are they accepting of dogs? Yes No Unknown NA

*\*Please note that not all of our dogs have been socialised or exposed to cats. If you own a cat there will be a settling period whilst the dog and cat learn to co-exist. This can take weeks to months.*

*\*\*If you own small pets (guinea pigs, rabbits, birds, etc.) please ensure they kept are kept in a dog- safe enclosure.*

Where will the dog sleep?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where will the dog be toileted?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What areas will the dog be allowed inside the home? All Restricted

Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Will the dog be left unsupervised at any time? Yes No

Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who will be primarily responsible for the dogs exercise? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where and how will the dog be exercised?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have secure dog proof gates to your yard? Yes No

Do you have a sheltered area connected to the home? Yes No

If there is no shelter is there a dog door suitable for a Labrador? Yes No

Do you reside in or visit an area known to have paralysis ticks Yes No

Do you have access to veterinary care? Yes No

Which vet clinic?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you able to transport the dog to the vet for both annual check-ups, preventative treatments, and in cases of emergency? Yes No

Do you have current or previous dog handling experience? Yes No

Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you physically capable of handling an approx. 30 - 35 kilo dog? Yes No

Have you or any house hold members:

* 1. been investigated by any government, semi‑government, administrative, fiscal, judicial or other body, department, commission, authority, tribunal, agency or entity in relation to animal cruelty; or
  2. been in breach or alleged to have been in breach of the any legislation or local by-laws relative to the keeping of dogs, cruelty against animals or animal welfare.

Yes No

**Personal**

Courts can be high stress environments and some encounters may be distressing for various reasons. Not all court users will be comfortable with or want to engage with a Therapy Dog. Additional training will be given to all successful applicants to support their roles. It is important however to consider what impact, if any, attending court may have on your personal wellbeing.

Do you have the capacity to remain composed in situations you may find uncomfortable?

Yes No

Would taking on such a role put you at risk of triggering or exacerbating existing mental health issues? Yes No

Are you willing to seek assistance or advice to debrief should you feel distressed? Yes No

**Working With Children Check and National Police Check - Mandatory**

Once your application has been approved you will be required to provide current Working With Children Check and National Police Check certificates. On approval you will receive an email containing links so that you can apply online. Full certificates will be required, not just numbers, so that the certificates can be verified as per Victim’s Services requirements.

**Guide Dogs NSW/ACT Staff Safety**

Is there mobile phone reception where you live? Yes No

Is there safe and secure parking near your residence? Yes No

If you smoke, are you willing to cease smoking whilst in company of Guide Dogs NSW/ACT staff?

Yes No NA

Do you or anyone residing in your home have a condition or illness which may threaten the safety and health of Guide Dogs NSW/ACT staff? Yes No

If yes, please describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Guide Dogs NSW/ACT staff reserve the right to discontinue service if they feel threatened or unsafe at any time.*

***Media***

On occasion Guide Dogs NSW/ACT or Victim Services NSW may seek stories and information for promotional purposes. Would you be prepared, if asked, to give permission to use and distribute the following mediums of you: photographic, video, audio, printed material? Yes No

**Privacy Policy**

Guide Dogs NSW/ACT is committed to protecting the personal information of our clients, members, donors, supporters, customers and other individuals we deal with. We recognise that individuals have a right to control how their personal information is handled. Providing personal information is an act of trust that we take seriously.

Personal information is information about you, such as your name, contact details and records of your dealings with us. Personal information may in some cases include sensitive information, such as health information or membership of a professional or trade association.

Our privacy policy sets out our approach to the management of personal information. Subject to privacy law, you can have access to and seek correction of your personal information, as set out in our privacy policy. Our privacy policy sets out how to opt out of receiving our marketing communications. Our privacy policy also contains information about how you can make a complaint about privacy.

***For more details please see our full policy on*** [***http://www.guidedogs.com.au/privacy-policy***](http://www.guidedogs.com.au/privacy-policy)

**Agreement**

I understand that Guide Dogs NSW/ACT assesses all applications on the merit of each case and has the right to determine the suitability, or not, for applicants to be allocated a Therapy Dog as a Host or become a Therapy Dog Handler.

I agree that all information provided is accurate and true to the best of my knowledge. I understand my information will be kept confidential and is protected by the Guide Dogs NSW/ACT Privacy Policy.

**Name of signatory**

**Signature Date**

**If you have any further enquiries please telephone Guide Dogs Centre on: (02) 4579 7555.**

***Thank you for your application!***