

Hearing Dogs



SUPPORT APPLICATION FORM

FOR A

HEARING DOG

PLEASE COMPLETE AND SIGN THIS FORM
AND
RETURN IT TO THE APPLICANT.

Hearing Dogs
PO Box 8117
NEW PLYMOUTH

Email info@hearingdogs.org.nz

Phone 06 769 5000
Fax 06 769 5400

Date ____/____/____

SUPPORT APPLICATION FORM

NAME OF APPLICANT:

ADDRESS OF APPLICANT

PART A: - To Be Completed by Supporter

Supporters Name: _____

Relationship to Applicant: _____

Supporters Address: _____

Supporters Daytime Phone No. _____

Supporters Daytime Fax No. _____

How long have you known the above applicant? _____

PART B

It is important the applicant:

- Is profoundly deaf, or has moderate to severe hearing loss. This includes individuals with a cochlear implant.
- Has a need for a Hearing Dog. This means they want and need to be alerted to the sounds regularly at home and possibly at work. These sounds include alarm clock, doorbell, door knock, smoke alarm, baby cry monitor, cooker timer.
- They live alone
 - OR live with other deaf people
 - OR live with hearing people who will allow a Hearing Dog to work to sounds every time a sound occurs.

- Hearing Dogs live inside the home. The applicant, their landlord, their housemates are happy with a dog inside their home at all times.
- They have no other dogs living in their home. The exception to this is that they already have an elderly pet dog.
- They have an 'escape proof' fenced area that will allow the dog to have exercise and be able to toilet without supervision. The fenced area will be relevant to the size of the intended dog.
- They genuinely like the close companionship of a dog, and want to develop a working relationship with one.
- They are **physically** and **financially** able to care for a dog placed with them. They will be able to give the dog regular exercise, grooming, suitable food and shelter, and ensure that the dog will receive appropriate veterinary care.
- They believe they will be able to obtain the support of their employer to have a Hearing Dog at work if they are working.
- They believe they will obtain the support of their educator if they are studying.
- They believe they will benefit from enhanced independence, an improved sense of well being and security as a result of having a Hearing Dog.

To the best of your knowledge, is the applicant able to meet all the above requirements? Yes _____ No _____

If No, please give details:

Please state why you feel the applicant will make a good recipient for a hearing dog.

Please tell us how you think having a hearing dog will help the applicant.

Do you have any other comments you would like to make?

Please use more paper if you would like to make more comments.

SUPPORTERS DECLARATION

I agree to keep all information and dealings with Hearing Dogs (the 'Trust') confidential at all times unless given express written permission by the Trust to make information known to others. I understand all information I provide will remain confidential to the Trust and will not be passed to any other person or organisation without my signed written permission. Information is supplied voluntarily. I am entitled to access all information I provide and seek correction of information on request.

I understand any discussion that may take place between Hearing Dogs and myself will be with the applicant's permission and relate solely to their application for a Hearing Dog and nothing else.

Signed: _____ Date: ___ / ___ / _____