

Hearing Dogs



**SUPPORT APPLICATION FORM
HEARING SPECIALIST**

**FOR A
HEARING DOG**

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

Hearing Dogs
PO Box 8117
New Plymouth
Phone 06 769 5000
Fax 06 769 5400
Email: - info@hearingdogs.org.nz
www.hearingdogs.org.nz

Date ____/____/____

The person named in the application form wishes to apply for a Hearing Dog.

As part of the application process, Hearing Dogs requires information from the applicants doctor, hearing specialist (audiologist), (yourself) and supporters to help us access their application.

If you are happy to support their application please complete and sign this form and return it to the applicant who will send it to us.

In giving your support, please bear in mind the following:

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.
- 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.
- Their landlord, their housemates are happy with a dog inside their home at all times.
- Have no other dogs living in their home. The exception to this is that they already have an elderly pet dog.
- 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.
- Genuinely like the close companionship of a dog, and want to develop a working relationship with one.
- 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.
- Believe they will be able to obtain the support of their employer to have a Hearing Dog at work if they are working.
- Believe they will obtain the support of their educator if they are studying.
- Believe they will benefit from enhanced independence, an improved sense of well being and security as a result of having a Hearing Dog.
- **Please note:** *Hearing Dogs are not usually placed with a person under 18 years old.*

Applicants are assessed based on the information provided by them in their application form, support forms, general letters of support and from an interview undertaken by a representative of Hearing Dogs at the applicant's home.

Approved applicants are usually placed on a waiting list until a suitable dog can be matched with them. This may take 6 months or more.

Each Hearing Dog costs around \$13,500 to train which we make no charge to the person receiving the Hearing Dog. But because of this expense we do have strict guidelines you would need to adhere to regarding the dogs' performance and behaviour.

Hearing Dogs is a registered charitable trust, we receive no Government Funding of any kind and we are totally reliant on the goodwill of individuals and companies for donations to cover the costs of training. We do encourage applicants and their community to consider raising donations towards the costs of training, but this is not essential.

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.

PART A - To be completed by Hearing Dog Applicant

Applicant's Name: _____

I give permission to Hearing Dogs to contact the Hearing specialist named below regarding my application for a Hearing Dog. Any discussions between Hearing Dogs and my hearing specialist will only be about my application for a Hearing Dog and nothing else.

Signed _____ Date _____

PART B –To be completed by Hearing Specialist

Hearing Specialist's Name: _____

Practice Name: _____

Postal Address _____

Phone: _____ Fax: _____

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 discussions that may take place between Hearing Dogs and myself will be with the applicants permission and relate solely to their application for a Hearing Dog and nothing else.

Signed _____ Date: _____

Please make your comments below - continue on extra paper if required

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