
Application Form – Part 1

Dear Applicant:

Please ensure that you enclose the following with your application:

- () Completed Application Form – Part 1
- () Documentation supporting the diagnosis of autism.
- () Personal Information Consent Form

As part of the assessment process, Irish Guide Dogs may request that one or both parents/guardians accompany the applicant child to the Training Headquarters, Model Farm Road, Cork in order to complete the child assessment stage.

Would you be agreeable to this Yes () No ()

If no please advise, _____

Please note all information provided will be kept private and confidential.



Assistance Dogs for Families of Children with Autism

GENERAL INFORMATION:

Mother's Name: _____

Father's Name: _____

Address: _____

City / County: _____

Phone (H) _____ (M) _____

E-mail Address: _____

Name of Your Child: _____

Date of Birth (Child): _____ Child's Gender _____

Please note that applications can only be considered for children up to a maximum of 8 years of age; as training children over the age of 10 is not generally successful due to the strength of the child, and due to the fact that our current waiting list is approximately three years.



Assistance Dogs for Families of Children with Autism

Is there a medical diagnosis of Autism? Yes () No ()

What is the degree of Autism? Aspergers () Mild () Moderate () Severe ()

The primary disability must be Autism and we require evidence of the diagnosis from an official body

Number of children in family: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Additional Information:



Assistance Dogs for Families of Children with Autism

List any other disabilities that may be relevant to this application?

Do both parents work outside the home? Yes () No ()

If yes please give details _____

Does your child display bolting behaviours? Yes () No ()

Do you have a family pet? Yes () No ()

If yes please give details _____

Do you have an enclosed garden? Yes () No ()

Irish Guide Dogs for the Blind
- Personal Information Consent Form

IGDB complies with the provisions of the Data Protection Act.

Details given on this form will be stored electronically and in paper files. Information given will be used for purposes relating to the provision of services by IGDB.

If you have any questions please do not hesitate to contact our office.

I agree that all personal information that I provide to IGDB will be complete and accurate.

Parent/
Guardian: _____ Parent/
Guardian: _____
(PRINT) (PRINT)

Signature: _____ Signature: _____

Date: _____ Date: _____

Name of Charity: Irish Guide Dogs for the Blind