



Assistance dog training form

Personal information means information or an opinion about an identified individual, or an individual who is reasonably identifiable. 'Personal information' that is collected under or in accordance with the *Biosecurity Act 2015* is also 'protected information' under the *Biosecurity Act 2015*. The collection of protected information including personal and sensitive information by the Department of Agriculture and Water Resources (the department) in relation to this form is being collected under the *Biosecurity Act 2015* for the purposes of assessing your application to import your cat or dog and related purposes. If the relevant personal information requested in this form is not provided by you, the department may be unable to process your application. Information collected by the Department will only be used or disclosed as authorised under the *Biosecurity Act 2015*. The personal information requested on this form may be disclosed to other Commonwealth or State Agencies. It will not usually be disclosed overseas. In every case it will only be disclosed if authorised by the *Biosecurity Act 2015*.

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This form must be completed by a recognised assistance dog organisation as described below.

The Department of Agriculture and Water Resources requires that institutions for assistance dog training are members of the International Guide Dog Federation (IGDF) or Assistance Dogs International (ADI). Alternatively, the dog may be accredited under a law (including public transport legislation or regulations) of an Australian State or Territory that provides for the accreditation of animals trained to assist a person with a disability to alleviate the effect of the disability.

This form is required as supporting evidence for your client's application to the department for a permit to import an assistance dog.

Please complete this form in full. All information will be kept strictly confidential.

HANDLER'S NAME											
ANIMAL DETAILS	NAME:					BREED:					
MICROCHIP NUMBER											
	AGE:				FEMALE/MALE			DESEXED/ENTIRE			

1.	Has your organisation trained the dog described above to assist a person with a disability to alleviate the effect of the disability?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Please record the dog's most recent assessment/certification date.	/ / (dd/mm/yyyy)
2.	Was an assistance dog licence or certification issued to the handler? <i>If yes, please attach a copy of the dog's current licence or certificate.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
3.	Is the dog accredited under a relevant Australian State or Territory law? <i>If yes, please attach a copy of the dog's current accreditation.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
3.	Has the dog been in the continuous service of the handler for at least six months prior to export to Australia? If no, how long has the dog been in the handler's service?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4.	What is the nature of the dog's training? GUIDE <input type="checkbox"/> HEARING <input type="checkbox"/> SERVICE/ASSISTANCE <input type="checkbox"/>	
Please explain how this differs from the role of a pet dog and why this client's dog should be recognised as an assistance dog:		



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5.	Please provide details of the internationally recognised standards to which the dog has been trained:		
6.	Has the dog been trained to meet standards of hygiene and behaviour that are appropriate for an animal in a public place? (e.g. completion of a Public Access Test; confirmation that dog has requisite skills e.g. responds to commands; shows non aggressive behaviour in public)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7.	Please provide any additional information the department may find helpful in evaluating your client's application: <i>(additional documentation may be attached)</i>		
DOG TRAINER'S NAME			
<i>The Department of Agriculture and Water Resources is unable to accept certification of a guide, hearing or assistance dog if the trainer is also the person with a disability who relies on the dog. Independently issued evidence must be provided.</i>			
TITLE/QUALIFICATIONS			
ORGANISATION NAME			
ADDRESS			
TELEPHONE NUMBER			
EMAIL ADDRESS			
The assistance dog training institution named above is a member of or accredited by one of the following: <i>Evidence of this membership/recognition must be attached.</i>			
1.	Is a member school of The International Guide Dog Federation (IGDF)	<input type="checkbox"/>	
2.	Is a member school of Assistance Dogs International (ADI)	<input type="checkbox"/>	
3.	Is an institution accredited under relevant Australian State or Territory legislation Provide details:	<input type="checkbox"/>	
DOG TRAINER'S SIGNATURE		DATE (dd/mm/yyyy)	/ /