

Application form for a Owner Trained Programme Medical Alert Dog

Please send your completed application to:

The Client Liason Co-ordinator

Medical Detection Dogs

3 Millfield

Greenway Business Park

Winslow Road

Great Horwood

Milton Keynes

MK17 0NP

Thank you.

Registered Charity No.1124533

About Medical Detection Dogs.

Medical Detection Dogs is a charitable non-profit organisation of dedicated staff and volunteers, involved in the training and placement of Medical Detection Dogs including Medical Alert Dogs.

These dogs can aid diabetes management, giving their owners advanced warning of both impending hypoglycaemic and hyper episodes. This allows for prompt treatment. When left untreated, a hypoglycaemic attack can lead to coma and even death, so these dogs are real life-savers.

We believe that having an alert assistance dog may increase the independence, safety and mobility of the diabetic person, providing them with more confidence to go out in public on their own without the need to rely on family or friends to accompany them. This will put an end to the isolation that is often faced when one is afraid to go out for fear of having a hypoglycaemic episode.

Hypo alert assistance dogs are placed with those who meet the application criteria. Recipients are given training in handling and caring for an assistance dog. Training assistance dogs is an expensive exercise; we rely on donations to fund this.

We specialise in:

- training and certifying dogs for hypoglycaemic (low blood sugar) alert
- researching and developing formal training protocols to be implemented in the Medical Detection Dogs program
- training recipients in the proper care and use of Medical Detection Dogs
- providing post placement follow-up services to assist with continued training and evaluation of Medical Detection Dogs
- educating organisations, businesses and the general public about the rights of certified assistance dogs and their handlers.

Eligibility/Application Criteria

The following criteria must generally be met to apply for a Medical Alert Dog.

1. Applicants must be at least 7 years of age. If an applicant is below the age of 18 they must have adequate support from their parents. Younger applicants may apply and will be considered on a case by case basis.
2. You must have type 1 or 2 diabetes, with little or no hypoglycaemic awareness. (please note, the use of an insulin pump does not exclude you from applying)
3. Have frequent hypoglycaemic episodes,
4. The applicant must have had enough time to come to terms with their diabetes.
5. Needs to be happy to regularly monitor their blood sugar levels and keep detailed records.
6. Must be prepared to keep records of the dog and his work.
7. The applicant must be able to meet the emotional, physical and financial needs of the assistance dog and provide a stable home environment.
8. The applicant must be mature enough to actively participate in the learning process and continued training of the assistance dog, and be capable of managing the dog correctly.

9. The applicant must be active enough to utilise a dog, have adequate verbal communication to command a dog and be physically able to control a dog.
10. The applicant must be actively pursuing the goal of independent living and seek to improve the quality of their life through the aid of an assistance dog therefore, be seen that they would benefit from a Medical Alert Dog partnership.
11. Understand that the Medical Alert Dog is a working dog, like Guide or Hearing Dogs and would wear a Medical Detection Dogs jacket whenever out and about in public to show this. It is important to understand that when you are seen in public with a working dog you are liable to attract interest in both yourself and your health condition.

Children and Team Dogs

Medical Detection Dogs is conducting a pilot study of Medical Alert Dogs being placed with children. These dogs are known as 'Team Dogs' as they can assist not only the child with diabetes but the parent/carer who is responsible for both the care of the child and the dog.

The early signs of this study are very promising and we are now looking to train 'Team Dogs' for other children. However please bear in mind, it is very early days with regards to training and very much work in progress. We are finding that when the child is nearer to the age of 7 or 8 that the partnership is more successful.

Owner trained program

It can be feasible to train an own dog as a Medical Alert Dog and we would happily assess your dog. However, it is also important to be aware that being part of Assistance Dogs Europe and International, there are standards and temperament criteria that your dog would need to meet to qualify as a working dog, such as Guide and Hearing Dogs have to, as they will be able to access to public places. Therefore there would be no guarantee that your dog would be suitable and would pass the assessment.

We would also advise that you attend Association of Pet Dog trainers (APDT) training classes and use the Kennel Club's Good Citizenship bronze and silver awards on general obedience, we can give you further information on in due course if you decide to take this route.

This program is very demanding and requires serious commitment.

If you feel you fit these criteria and would like to apply, please complete the attached application form and return to us along with your last 3 months blood glucose results, the medical form which must be completed by your Diabetes Health Care Professional and the veterinary form which must be completed by your Vet.

If you have any further queries, or would like to talk to us more about having a Medical Alert Dog before making the decision to apply, please do not hesitate to contact us.

We would like to take this opportunity to thank you for your interest in our charity.

The Application Process

If you are interested in applying for a diabetic alert assistance dog from Medical Detection Dogs the process is as follows:

1. Complete an application form

- An application form can be downloaded from www.hypoalertdogs.co.uk
- email simone.guest@cancerdogs.co.uk
- telephone 01296 655888.

Return the completed application and medical/vet forms. Once the application is received, a selection committee will review the information provided and notify the applicant of the results. This usually occurs within 28 days of receiving a completed application forms.

2. A home visit

If successful a home visit will be arranged to help the applicant and Medical Detection Dogs decide if receiving an alert assistance dog would be both beneficial and appropriate. Following the interview, Medical Detection Dogs will determine whether the applicant meets all the criteria required and would benefit from an assistance dog. After the home visit, Medical Detection Dogs will notify the applicant as to whether they have been accepted into the program.

Once the applicant has been notified of acceptance into the program, they will be placed on a waiting list.

Please note: Due to the high level of interest from people living with diabetes we have a waiting list and cannot be exactly sure how long the whole process of assessment and training a Medical Alert Dog for you may take, nor promise that it will be feasible, however we will endeavour to help if we can, as quickly as possible.

We are a charity and therefore do not charge for training a dog for you, however once a dog is placed you would be financially responsible for the care and welfare costs (including insurance) of the dog except in exceptional circumstances. The dogs welfare is paramount to us and at all times will remain the property of Medical Detection Dogs.

Application for a hypo alert assistance dog

Please confirm that having read the eligibility criteria: Yes No

Please answer the following statements and questions:

You are able to travel to a venue of the charity's choice to undertake an assessment interview. Yes No

Your dog is insured. Yes No

You are capable of independently completing a minimum of two 40 minute walks/runs per day with the dog. Yes No

You are able to attend a course of training by the charity on all aspects of handling the dog and its care. The length of such a course, its format and its venue being at the absolute discretion of the charity. Yes No

You are able to provide access to a veterinary surgeon for routine preventative treatments and emergency treatment. Yes No

I will follow the trainer's instructions on feeding and training. Yes No

I will participate in a 1-2 hour training session in my home or elsewhere with the trainer, wherever feasible. Yes No

I will practice training with the dog (homework) 15 minutes each day. Yes No

I will treat the dog as a working dog, not just a pet (this also means ensuring that the dog is well behaved in public) Yes No

I will tell the trainer if I experience problems in training, obedience or any other related matters. Yes No

I am willing to modify my lifestyle and/or attitudes to meet the dog's ongoing physical and psychological needs Yes No

The above criteria are the minimum that must be achieved by any prospective applicant before receiving and completing an application for an assistance dog.

Please note that as part of the application process, eligibility will also be considered in terms of a home check, permission from landlords/housing associations etc. and employers, should you wish to take the assistance dog to work with you.

Compliance and achievement of the criteria does not mean acceptance a of an application for training with a dog.

All application information received will be treated with the highest level of confidentiality and respect (however, Medical Detection Dogs retains the right to use this information in relationships with sponsors and accreditation organizations).

Personal Information

Name:

Date of Birth :/...../.....

If you are applying on behalf of a child please give the following details

Name:

Date of Birth :/...../.....

Relationship to applicant

Address:

.....

.....Postcode:.....

Day Phone:

Evening Phone :

Mobile Phone:

Email Address:

Type of Diabetes Type 1 Type 2

Number of Years with Diabetes:

Living Situation

Adults living in household (other than applicant)

Name	Age	Relationship to you

Children living in household (including ages)

Name	Age	Relationship to you

Are members of the household supportive of your application? Yes No

(if not please describe concerns)

.....

.....

.....

.....

.....

Are you able to walk? Yes No

Do you require any specialist care on a regular basis? Yes No

If yes, please describe

.....

.....

Do you have any degree of hearing impairment? Yes No

If yes, please describe

.....

.....

Do you have any degree of visual impairment? Yes No

If yes, please describe

.....

.....

Are you diabetic? Yes No

If yes, please describe

.....

.....

Are you receiving any prescribed medication that could have an affect on your ability to train? Yes No

If yes, please describe

.....

.....

Do you attend regular doctor / hospital appointments? Yes No

If yes, please describe

.....

.....

Are you affected by?

- Anxiety Attention Deficit Disorder Behavioral disorder Dementia
- Developmentally delayed Dyslexia Learning disability Mood / personality disorder
- Non or limited speech Long term memory affected Short term memory affected
- Word association problems

Other (please specify below)

.....

.....

Are you able to receive information both visually & auditory and follow instruction fully?

Yes No

Are there any health factors or secondary disabilities that you feel may affect your training? Yes No

If yes, please describe

.....

.....

To help us assess your suitability for training with a dog, we need some medical details. Firstly we require the medical form from your Diabetic nurse/clinician, giving brief details of your diabetic medical history. This must be returned with your completed application. After receiving this information, we may also ask you to request a doctors report. This information will also be used to help us plan a training programme suited to your fitness and general medical condition.

We would like to reassure you that your medical details will be reviewed in confidence, please sign below giving your consent to this. (Please also ensure that the contact details are correct)

Doctor's name:

Surgery name:

Surgery address:

.....

.....Postcode:.....

Telephone number:

X Applicant signature: Date:

Student / Employment Information

Are you presently? Student Employed don't work

If a student, are you? Full time Part time

School/college:

Address of school/college:

.....

.....Postcode:.....

Telephone number:

Employment Information

Occupation:

Employer's Name:

Employer's Address:

.....

.....Postcode:.....

Employer's Telephone no:

Employer's E-mail address:.....

What days/hours per week do you work?

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Have you obtained permission to have an assistance dog at your workplace?

Yes No

What concerns, if any, has your employer raised in relation to you having an assistance dog at work with you?

.....
.....
.....

Describe the facilities available for the dog at your workplace (i.e. toileting area)

.....
.....
.....

*Please note we will require written permission from your employer for an assistance dog to accompany you to work. **This should be included when returning your application.***

Details of the dog you would like considered for training

Name: Age:

Breed:

Colour:

Is your dog insured? Yes No

Do you attend dog training classes? Yes No

(if yes please give details)

.....
.....
.....
.....

Other pets in household?

Type of animal/Breed	Age	Are they socialised with dogs?

Experience with dogs

Describe your ability to control a dog physically? (i.e. are you able to hold a lead)

.....
.....

How would you describe your attitude to an assistance dog?

.....
.....

Who will be responsible for free running the dog and where?

.....
.....

Who will be responsible for clearing and picking up after the dog has toileted?

.....
.....

Tasks required from an assistance dog

What are you hoping your assistance dog will help you with?

.....

.....

.....

.....

Other environments & conditions required from an assistance dog

	Times per week (average)		
	0 – 5	6– 10	10 +
Personal Transport			
Public Transport (please specify)			
Office/Workplace			
Social area i.e. Day Centre			
Supermarkets/Shops			
Periods alone i.e. left at home			
Restaurants			
Children			
Church/Place of Worship			
Other (please specify)			

Other places regularly visited but less frequently than a week i.e. meeting groups

.....

.....

.....

.....

General / Other

What prompted you to apply?

Training

Availability? (please be sure to mention any pre-booked holidays)

.....

Would you be prepared to train at our Training Centre in Westcott, Aylesbury, Bucks?

Yes No

Please advise the minimum amount of notice that you would require to be available for training?

.....

Would you require any specialist equipment to enable you to attend a training course?

Yes No (if yes please describe)

.....

Would you require any specialist care to enable you to attend a training course?

Yes No (if yes please describe)

.....

Comments

Please tell us about anything else you think may be helpful with your application.?

.....

.....

.....

.....

.....

.....

X Applicant's Signature: Date:

If the application was completed by another person other than the applicant, please advise:

Name: Signature:

Relationship to the applicant

Applicant's Declaration

I authorise Medical Detection Dogs to make any enquiries necessary to deal with my application for an assistance dog.

I agree to advise Medical Detection Dogs of any change in circumstances which occur after the application has been submitted.

I understand that any false information given by me may result in my application being declined.

X Applicant's Signature: Date:

Data Protection Statement

The information on this form will be used by Medical Detection Dogs to assess your needs and as the basis for your assistance dog application. This information may be checked with other agencies/bodies as necessary to support the details of your application.

Only relevant information will be held on the Training Department's Applications Register/Files, in accordance with the terms of the Data Protection Act 1998 and Medical Detection Dogs will be the data controller for the purposes of the Act.

If you want to know more about the information we are holding, or the way we use it then you can write requesting details to: Medical Detection Dogs, Unit S8, Westcott Venture Park, Westcott, Aylesbury, Bucks, HP18 0XB.

Media & Fundraising

Because of our charitable status, media coverage and fundraising, remains an integral part to the ongoing success of our charity and ultimately increases the amount of people we can help. You may therefore be asked (once in an established qualified partnership) to become involved in media coverage and/or public events.

Please give an indication of how you feel about this.

.....
.....
.....

Would you be willing to help fundraise on behalf of the charity?

.....
.....
.....

Please tell us how you heard about us

.....
.....
.....