Health Professional Form

Founded in 1996, Assistance Dogs Australia (ADA) trains and places Assistance and Facility dogs. Our mission is to enhance inclusion and independence for people with disabilities.

Our Purposeful Placement Dog Program is a fee-for-service model that places expertly trained dogs with individuals who can benefit from their unique support which is provided in a home or private setting. Unlike Assistance Dogs, Purposeful Placement Dogs **do not** have public access rights under Australian law but have been trained to offer tailored support and companionship.

Recipients of our Purposeful Placement Dogs are not required to have a medical diagnosis. However, they must have a clear reason for benefiting from one of these dogs and the support they provide.

Purpose of this Form

As part of our application process for a Purposeful Placement Dog, we request that this form be completed by the applicant's nominated health professional (e.g., GP, Psychologist, Psychiatrist, Occupational Therapist).

The information gathered will be kept in the strictest confidence and assessed for the following purposes:

- To confirm the applicant's suitability for a Purposeful Placement Dog.
- To assess the applicant's ability to manage the ongoing care, training, and wellbeing of a dog.
- To ensure the applicant's current living environment and personal circumstances can provide a stable and supportive home for a Purposeful Placement Dog.

Completion of this form is part of the application process and does not guarantee acceptance into the program.

How a Purposeful Placement Dog Can Support an Applicant

Emotional and Psychological Support
- Provides consistent companionship, reducing anxiety, depression, and feelings of isolation.
- Offers grounding techniques such as deep pressure therapy to manage emotional dysregulation.
- Recognises external stress signals (e.g., pacing, heavy breathing) and offers calming contact to interrupt distress.

Increased Structure and Routine
- Establishes regular routines for toileting, feeding, and exercise, which promotes stability and consistency.
- Provides a sense of responsibility and purpose, contributing to improved emotional well-being.

Social and Environmental Confidence
- Encourages participation in community activities and outdoor routines.
- Increases self-confidence and engagement with others through the calming presence of the dog.

Physical Assistance and Modelling Skills
- Offers modelling behaviour cues that encourage positive interactions and skill development (such as cued interactions or controlled play).
- Provides gentle reminders to maintain routines and tasks, supporting individuals who benefit from external structure.

This form should take no longer than 10 minutes to complete

Applicant's Name _____

Health Professional's details

Name: _____

Discipline: _____

Qualification: _____

AHPRA Reg No: _____

Place of Practice: _____

Contact details: _____

Applicant's Health Details

Does the applicant have a condition or personal circumstance where you identify that a Purposeful Placement Dog may provide support?

☐ **Yes**   ☐ **No**

If yes, please provide brief details.

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Do you have any concerns regarding the applicant's ability to manage the ongoing care, training and wellbeing of a Purposeful Placement Dog?

☐ **Yes**   ☐ **No**

If yes, please provide brief details.

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Does the applicant have a history of responding to stress with anger or aggression? ☐ **Yes**   ☐ **No**

If yes, has aggression ever been, or is it likely to be, directed towards animals?   ☐ **Yes**   ☐ **No**

Please provide relevant details.

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Are you supportive that a Purposeful Placement dog will benefit the applicant?

☐ **Yes**   ☐ **No**

If no, please provide brief details.

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Do you believe the applicant can provide a secure and stable environment for the ongoing care and training of a Purposeful Placement Dog?

☐ **Yes**   ☐ **No**

If no, please provide brief details.

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Additional comments and/or concerns

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Declaration

I confirm that the information provided is accurate and to the best of my knowledge and have discussed the Purposeful Placement Program with the applicant.

_____   _____

Health Professional Signature   **Date**