

**Request for Assistance Dog 2022 – 2023**

**Equality Impact Assessment:** Askham Bryan College recognises the importance of the Equality Act 2010 and its duties under the Act. This document has been assessed to ensure that it does not adversely affect staff, students or stakeholders on the grounds of any protected characteristics.

**For completion by the Assistance Dog Owner:**

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| **Name of Owner** |  |
| **Please indicate: staff, student or visitor** |  |
| **Student number (if applicable)** |  |
| **Name of Dog** |  |
| **Name of organisation the Assistance Dog is affiliated/registered with\*** |  |
| **Training (incl Public Access Test or equivalent) completed? (Evidence should be provided)\*** |  |
| **Colour of Dog** |  |
| **Breed of Dog** |  |
| **Details of tasks/duties the dog performs** |  |
| **Details of request/need? (eg. to accompany the owner at all times? To live in student accommodation?)** |  |
| **Details of dog’s normal response behaviours\*** |  |

\*where appropriate/relevant/available

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| --- | --- |
| **Name and address of registered veterinarian** |  |
| **Microchip Number** |  |

I confirm I accept full responsibility for:

1. **Welfare responsibilities**
   * Feeding;
   * Health (includes any illness or injury, up to date vaccinations, flea/worm treatments);
   * Hygiene (regular grooming and bathing);
   * Clearance/removal of any and all fouling;
   * Appropriate rest and care;
   * Consistent and regular training.
2. **Behaviour**
   * Not to wander freely around the premises – stay on a lead unless in the designated exercise fields shown on map;
   * Sit or lie quietly on the floor next to its owner/handler;
   * Not foul in college grounds, other than in designated areas;
   * Be crated and/or stay in college kennels during practical lessons;
   * Be crated when left unattended and be able to remain quiet;
   * Should the dog become a distraction in theory lessons for other students and disturbs the teaching and learning in lessons, we reserve the right to ask for the dog to be removed;
   * Does not enter other student’s rooms or shared toilet and shower facilities.

**Insurance**

I also confirm that my assistance dog is insured and will provide a confirmation (copy Certificate of Insurance) with this application.

**Vaccinations**

I also confirm that my assistance dog is fully up to date with his/her vaccinations and will provide confirmation with this application.

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| **Signature:**  Print name:  Date:  **Signature of parent (where student and student is under 18):**  Print name:  Date: |

**Students: Please submit your form to** [**enquiries@askham-bryan.ac.uk**](mailto:enquiries@askham-bryan.ac.uk)

**Staff: Please submit your form to** [**human.resources@askham-bryan.ac.uk**](mailto:human.resources@askham-bryan.ac.uk)

For College use only:

Insurance documents provided – Y/N

Vaccination documents provided – Y/N

Copy/evidence of training/accreditation certificates (incl behaviour assessment. Public Access Test)? – Y/N

Medical/mental health evidence? – Y/N

Risk Assessment carried out? – Y/N

Emergency Evacuation Plan Completed? – Y/N