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**Request for Assistance Dog 2025 - 2027**

**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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| --- | --- |
| **Your Name** |  |
| **Contact details – mobile phone and email**  **Address** |  |
| **Please indicate if staff, student or other, e.g. visitor** |  |
| **Student number (if applicable)** |  |
| **What is your Assistance Dog called?** |  |
| **Name of organisation the Assistance Dog is affiliated/registered with or is the dog owner-trained? Please specify**  **Please also provide evidence of training e.g. certificates** |  |
| **Colour of Dog** |  |
| **Breed of Dog** |  |
| **Details of tasks/duties the dog performs (see 4.3 of the Assistance Dogs Policy)** |  |
| **Do you want your dog to live with you in student accommodation? Or accompany you on student transport? Yes/No** |  |

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

I confirm I accept full responsibility for:

* + Feeding;
  + Health (includes any illness or injury, up to date vaccinations including kennel cough, flea/worm treatments);
  + Hygiene (regular grooming and bathing);
  + Clearance/removal of any and all fouling;
  + Appropriate rest and care;
  + Consistent and regular training;
  + Further/remedial training if training needs are identified;
  + My dog’s behaviour.

**Training**

I confirm that my assistance dog is properly trained to act as an assistance dog and agree to provide the College with a copy of my dog’s training records with this application.

I also agree that if the College feels that further training is required, that this will be my responsibility, and at my expense, and that my dog may not be allowed on site until such time as it has had that further training and I have provided evidence of that further training to the College.

**Insurance**

I also confirm that my assistance dog is insured and will provide 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 including kennel cough and will provide confirmation with this application.

**Expected behaviours**

* be trained to behave well in public
* have safe and reliable temperaments
* be healthy and do not constitute a hygiene risk
* be fully toilet-trained

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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)