

# Guide, Hearing and Assistance Dogs Act 2009

## Form GHA-4: Application to become an Approved Trainer or Training Organisation

### Instructions

This form is to be used by individuals or organisations (corporations) seeking to apply for approval to train guide, hearing or assistance dogs under section 15 of the Queensland [Guide, Hearing and Assistance Dogs Act 2009](#). This form is to be used by new applicants only.

Except for Part 8 and where indicated, each section must be completed in full. The application requires you to attach supporting information and evidence that will be used to assess your suitability under the Act. The application must be signed and dated by you before it is submitted. For corporations, a person with authority (e.g. company director or secretary) must sign this form.

Any changes to information after the application has been submitted, including the suitability status or criminal history of all persons included in this application, must be immediately notified to the Guide, Hearing and Assistance Dogs (GHAD) Team via the contact details contained in this form.

The Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (the Department) is committed to respecting, protecting and promoting human rights. Under the [Human Rights Act 2019](#), the department has an obligation to act and make decisions in a way that is compatible with human rights and, when making a decision, to give proper consideration to human rights.

### Before applying

Before applying to become an approved trainer or training organisation you should carefully read the [Fact Sheet: Becoming an Approved Trainer or Training Organisation](#). The Fact Sheet outlines how your application will be assessed and the types of information you should include. It outlines the roles and responsibilities that approved trainers or training organisations are expected to undertake.

The [Guide for Approved Trainers and Training Organisations](#) is also a useful resource and may assist your understanding of the important role that trainers provide in supporting people with disability. Further information and resources are available [online](#).

### References

- **The Act**, means the [Guide, Hearing and Assistance Dogs Act 2009](#)
- **The Regulation**, means the [Guide, Hearing and Assistance Dogs Regulation 2019](#)

### Privacy Statement

*The Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (the Department) is collecting information for the purpose of assessing an application to become an approved trainer or training organisation under the [Guide, Hearing and Assistance Dogs Act 2009](#).*

*The Director-General (or delegate) of the Department may also use this information to undertake a review of a decision. Where necessary, entities (such as a technical assessor external to the department) may be used for assessment and/or review purposes. Any such entity is not permitted to disclose your personal information without your consent.*

*Your information will be managed by the Department in accordance with the Privacy principles outlined in the [Information Privacy Act 2009](#). Personal information will not be disclosed to any other third party without your consent, unless required by law or for other authorised purposes. Further information about the Department's use of your information and the Privacy Principles can be found [here](#).*

I have read and understand the privacy statement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

### Part 1: Personal Details of applicant (main contact)

<b>Surname</b>		<b>First Name</b>	
<b>Date of Birth</b>		<b>Gender</b>	
<b>Email</b>			
<b>Home Phone No.</b>		<b>Mobile Phone No.</b>	
<b>Residential Address</b>	State: _____ Postcode: _____		
<b>Postal Address</b> <i>If different from residential address</i>	State: _____ Postcode: _____		
<b>I would like to receive correspondence about my application via:</b>			<input type="checkbox"/> Email <input type="checkbox"/> Post

### Part 2: Training Details

<p><b>Is this application for an individual trainer or a training organisation?</b></p> <p><i>If you have selected <b>Individual trainer</b> you are required to complete <b>Part 3</b>. Do not complete Part 4.</i></p> <p><i>If you have selected <b>Training Organisation</b> you are required to complete <b>Part 4</b>. Do not complete Part 3.</i></p>	<input type="checkbox"/> Individual  <input type="checkbox"/> Organisation
--	--

### Part 3: Individual Trainer Details (Individuals only)

<p><b>Will you be operating under a registered business name when providing training services?</b></p> <p><i>If you have selected <b>Yes</b>, you are required to <b>complete the remainder of Part 3</b>.</i></p> <p><i>If you have selected <b>No</b>, go to <b>Part 5</b>.</i></p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No		
<b>Trading Name</b>			
<b>Australian Business Number (ABN)</b>			

### Part 4: Training Organisation Details (Corporations only)

<b>Trading Name</b>			
<b>Corporation Name</b> <i>If applicable</i>			
<b>Australian Business Number (ABN)</b>		<b>ACN</b>	
<b>Business Address</b>	<b>State:</b> _____ <b>Postcode:</b> _____		
<b>Postal Address</b> <i>If different from business address</i>	<b>State:</b> _____ <b>Postcode:</b> _____		
<b>Website Address</b>			
<b>Phone No.</b>		<b>Alt Phone No.</b>	
<b>Total number of employee trainers</b>			
<b>Details of employee trainers</b>			
<p>Any employee trainer is a person who will be employed by the corporation to train and certify dogs. This does not include volunteer assistants, breeders used by the corporation or puppy carers.  <i>Please attach an additional page with the full name and position title of each employee trainer if there is insufficient space.</i></p>			
<b>Full Name</b> <i>(first, middle, surname)</i>		<b>Position Title</b>	

**Part 5: Dog training category** (select all that apply)

Guide Dog

Hearing Dog

Assistance Dog

**Part 6: Dog training premises/service delivery locations**

**Details of the main address and/or location where the dog training service will be provided from**

**State:**

**Postcode:**

**Part 7: All sections must be completed**

**A. Public Liability Insurance**

I have attached a copy of Certificates of Currency for Public Liability Insurance (including the nominated amount of cover, the carrier and expiry date) covering all locations included in this application.

*NB. Limit of liability must be a minimum of \$10,000,000.00.*

**B. Criminal History**

I have attached Criminal History Screening Applications (*Form GHA-1*) for all people covered by this application.

I have attached Criminal History Declaration Change Applications (*Form GHA-2*) for all people covered by this application.

**C. Qualifications, Knowledge and Experience in Dog Obedience Training**

I have attached evidence of **qualifications** in dog obedience training for all people covered in this application.

I have attached evidence of the **experience and knowledge** in dog obedience training for all people covered in this application.

#### D. Suitability - Training Methods

- I have attached information about the training methods I intend to use to ensure the dog is:
- (i) reliable; and
  - (ii) able to perform identifiable physical tasks for the benefit of the person with a disability; and
  - (iii) safe and effective in public places and public passenger vehicles.

#### E. Suitability – Selection of Dogs

- I have attached information about how I intend to select dogs to ensure each dog is able to meet the *individual* support needs of a person with disability.

#### F. Suitability – Support

- I have attached information about how I intend to provide ongoing and regular support to the handlers of dogs that I train.

#### G. Qualifications, Knowledge and Experience – Understanding of disability

- I have attached evidence of **qualifications** that demonstrate an understanding the needs of people with disability for all people covered in this application.
- I have attached evidence of **experience and knowledge** that demonstrate an understanding the needs of people with disability for all people covered in this application.

**If applying for approval to become a trainer or training organisation of *assistance* dogs, list any focus areas of the training service.**

*For example, assistance dogs for a person with a physical impairment.*

- I am not applying for approval to train assistance dogs.

## H. Organisation Membership

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | I have attached evidence of memberships (or an application of membership) to organisations and/or associations that promote standards of dog training (Australia and/or International). |
| <input type="checkbox"/> | I am not a member of any organisations and/or associations that promote standards of dog training (Australia and/or International).   |

## I. Policy Requirements

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | I have attached the policy I will implement in relation to the confidentiality of personal information about:<br><ul style="list-style-type: none"><li>(i) persons whom I will provide a training service to; and</li><li>(ii) for organisations only, employee trainers.</li></ul> |
| <input type="checkbox"/> | I have attached the policy I will implement for the handling of complaints about the training service/s I provide.  |

## J. Processes and Record Keeping

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | I have attached information about the processes I will follow for the administration and management of correspondence and communication, including:<br><ul style="list-style-type: none"><li>(i) documents between the training service and the department,</li><li>(ii) written complaints (received by, and about, the training service),</li><li>(iii) certificate of disability (condition/diagnosis of handler),</li><li>(iv) retention timeframes for records.</li></ul> |
|--------------------------|--|

## K. Record Keeping - Training of Dogs

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | I have attached evidence that demonstrates about how I will record and retain information for each dog being trained, including all the below:<br><ul style="list-style-type: none"><li>(i) name and breed of dog,</li><li>(ii) date of birth (or approximate age of the dog),</li><li>(iii) training history of the dog, including Public Access Test records,</li><li>(iv) veterinary history of the dog,</li><li>(v) handler information for whom the dog is being trained,</li><li>(vi) dog classification information,</li><li>(vii) retention timeframes for records (i.e. minimum of 7 years),</li><li>(viii) date training commenced (e.g. the date an agreement was entered with a handler).</li></ul> |
|--------------------------|---|

## L. Record Keeping - Certification of Dogs

I have attached evidence that demonstrates about how I will record and retain information for each dog I certify including all the below:

- (i) name and breed of dog,
- (ii) date of birth (or approximate age of the dog),
- (iii) training history of the dog, including Public Access Test dates and outcome,
- (iv) veterinary history of the dog,
- (v) handler information for whom the dog was certified,
- (vi) dog classification information,
- (vii) retention timeframes for records (i.e. minimum of 7 years),
- (viii) the date a dog received its certification.

## M. Record Keeping – Handler Cards

I have attached information about the training service's processes for administration and management of **handler identity cards**, including:

- (i) name to whom the card was issued; and
- (ii) description of handler's dog; and
- (iii) card issue and expiry information; and
- (iv) retention timeframes for records.

## Part 8: Optional - Additional information

**Please list and attach any additional information you would like the department to consider in support of your application to become an approved trainer or training organisation.**

*All additional documents must be clearly labelled.*

### Document Name




## Part 9: Applicant Declaration

Please read the following carefully before signing

- I certify that the information provided in this form and contained in the attached documents is true and correct.
- I understand that I am giving consent for the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships to consult with third party entities to assess my application.
- I understand that it can be an offence under the [Guide, Hearing and Assistance Dogs Act 2009](#) to provide false or misleading information.
- I understand that any response within, or information provided as a result of this *Application* will be used by the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships to assess my suitability to become an approved guide, hearing or assistance dog trainer (individual or organisation) under the [Guide, Hearing and Assistance Dogs Act 2009](#).

Signature

Date

**Return this completed application form, including all requested attachments to:**

Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships

Guide, Hearing and Assistance Dogs Team

GPO Box 806

Brisbane QLD 4001

Or email to [ghad@communities.qld.gov.au](mailto:ghad@communities.qld.gov.au)