Guide, Hearing and Assistant Dogs Act 2009 – Section 15

Under the Guide, Hearing and Assistance Dogs Act 2009 (the Act) an individual may apply for approval as a trainer of guide, hearing or assistance dogs and a corporation may apply to be an approved training institution for training guide, hearing or assistance dogs.

Only approved trainers and training institutions will be able to certify a guide, hearing or assistance dog. This provides assurance to the public that appropriate standards are met.

All dogs must pass a Public Access Test before they can be certified to access public places and public passenger vehicles. This will ensure that all dogs certified under the legislation have been trained to the highest standard and will be well behaved at all times.

Who can apply?
An individual may apply for approval as an approved trainer or a corporation may apply for approval as an approved training institution. An individual or corporation is suitable for approval if the individual or corporation is able to:

- train reliable guide, hearing or assistance dogs that are able to perform identifiable physical tasks for the benefit of a person with a disability and are safe and effective in public places and public passenger vehicles
- select dogs that are able to meet the individual needs of a person with a disability
- provide ongoing and regular support to the handlers of the guide, hearing or assistance dogs that they train.

A minimum of $10 million public liability insurance is also required.

How to apply
Applicants for approval as an approved trainer and employee trainers of corporations applying for approval as approved training institutions must complete this form and undergo criminal history screening. An Application for Criminal History Screening (GHA Form 1) and a Criminal History Disclosure (GHA Form 2) must be attached to this application. The Criminal History Disclosure should be placed in a sealed envelope.

PRIVACY

The Department of Communities is collecting information on this form in accordance with the Guide, Hearing and Assistance Dogs Act 2009, to assist the administration of this legislation. The Director-General (or delegate) of the Department of Communities may use this information to process your application or undertake a review of a decision. Where necessary, technical experts external to the department may be used for this purpose and are required to protect your personal information and not disclose it without your consent.

The information on this form is managed by the Department of Communities in accordance with Information Privacy Principles identified 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 described in the Information Privacy Act 2009. Non-identifiable information may be released to the chief executive for statistical purposes and to ensure consistency in the administration of the program.

For further information about the Department of Communities’ privacy plan visit www.communities.qld.gov.au or call 13 74 68 to obtain a copy.
Ensure all responses are written clearly.
Place a tick in boxes where required.
Incomplete applications, including those without signatures or certified photographs (if applicable) cannot be processed.

Section 1 – Category of approval

I am submitting a new application to become an approved:

- Training Institution (complete section 2)
- Trainer (complete section 3)

Category of dog training to be carried out.
(Choose one or more categories)
- Guide dog
- Hearing dog
- Assistance dog

Section 2 – Application to become an approved training institution

Please note: to become an approved training institution you must be a corporation.

**Corporation details**
- Registered name of corporation:
- Trading name of corporation:
- Australian Business Number/ACN:
- Phone number:
- Fax number:

**Business address**
- Street:
- Suburb:
- State and postcode:

**Postal address**
- Street:
- Suburb:
- State and postcode:

**Contact person**
- Title (e.g. Mr/Mrs/Ms/Miss/other):
- First name:
- Surname:
- Position:
- Business phone number:
- Email:
## Section 3 – Application to become an approved trainer

### Trainer details
- **Title (e.g. Mr/Mrs/Ms/Miss/other):**
- **First name:**
- **Surname:**
- **Preferred name (if different to first name, for display on card):**
- **Gender:**
- **Date of birth:**
- **Phone number:**
- **Fax number:**
- **Email:**

### Residential address
- **Street:**
- **Suburb:**
- **State and postcode:**

### Postal address
- **Street:**
- **Suburb:**
- **State and postcode:**

## Section 4 – Training standards

Provide a detailed description of the qualifications, knowledge or experience in dog obedience of the:
- trainer; or
- all employee trainers of the corporation

*(Please attach any additional documentation necessary to confirm the statement below.)*
Section 5 – Training methods

What training methods are to be used to train guide, hearing or assistance dogs?

(Please attach any additional documentation necessary to confirm the statement below.)

Section 6 – Dog selection

Provide details on the measures taken to select dogs that are able to meet the individual needs of a person with a disability.
### Section 7a – Criminal history screening – trainer

Please ensure the completed criminal history screening form and criminal history disclosure/change form are attached.

### Section 7b – Criminal history screening – employee trainers

List all staff employed by the applicant who seek to become employee trainers that train guide, hearing or assistance dogs. Please ensure the completed criminal history screening form and criminal history disclosure/change form for all employee trainers is attached.

*(Please note: not applicable for puppy carers)*

<table>
<thead>
<tr>
<th>Number of employee trainers attached to the corporation:</th>
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**Name of employee trainers:**

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<th>Title</th>
<th>First name</th>
<th>Surname</th>
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Section 8 - Photographs

Please note: **Individuals** seeking to become approved trainers must supply **certified** photographs from an authorised person under the *Statutory Declarations Act 1959* (Cwlth), e.g. Justice of the Peace, or medical practitioner.

Will the corporation require the Queensland Government to produce identity cards for all employee trainers and puppy carers? (Optional)

Yes [ ] No [ ]

*If yes, an officer from the Department of Communities will contact your organisation.*

**Photograph specifications:**

Attach one colour, passport-quality photograph of the applicant using paper clips or fold back-clips.

The photograph of you must:
- clearly show the face, head and top of the shoulders of the applicant
- show the applicant looking directly at the camera
- be printed in high resolution on photo paper
- have been taken no more than 6 months before the date of this application
- be between 45mm and 55mm high and between 35mm and 40mm wide
- show skin tones and have appropriate brightness and contrast
- not contain a flash reflection or red eye effect

Do NOT use tape, staples, glue or pins.

For information on how to submit photographs including a complete list of authorised persons, refer to the *Identity card photos* fact sheet, which is available at [www.qld.gov.au/ghadogs](http://www.qld.gov.au/ghadogs)

Only the person whose photograph and details appear on the Guide, Hearing and Assistance Dogs ‘Approved Trainer’ Identity Card can use the card and have it available for inspection by a person exercising control of a public place or public passenger vehicle.

Please include the following information on the back of the photographs:

```
I certify this is a true likeness of
(insert full name)

Sign & date
(Authorised person)
```
### Section 9 - Membership

Please list membership details of any organisations that promote standards of dog training?

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<tr>
<th>Organisation</th>
<th>Details</th>
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### Section 10 – Disability awareness

Provide a detailed description of the qualifications, knowledge or experience of the trainer or the corporation’s employees that demonstrates an understanding of the needs of people with a disability.

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<th>Description</th>
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### Section 11 – Ongoing support

Provide details of the level of ongoing and regular support offered to handlers once guide, hearing or assistance dogs are certified.

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<th>Support Details</th>
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Section 12 – Applicant statement and authorisation

Please read the following carefully before signing.

- I declare that the information that I have provided in this form and contained in the documents attached to this form is true and correct.
- I understand that it can be an offence under the Guide, Hearing and Assistance Dogs Act 2009 to state anything in this form or provide material that is false or misleading.

You MUST provide one of the following signatures:

Approved institution application

Name of person authorised to sign on behalf of the corporation:………………………………………………
Position: ……………………………………………………………………………………………………………………
Signature:………………………………………………Date:……………………………………

Or

Approved trainer application

Applicant signature
……………………………………………………………………Date:……………………………………

Return this completed application form to the following address:
Guide, Hearing and Assistance Dogs
GPO Box 806
Brisbane QLD 4001

For further information, or assistance in completing this form, please contact Smart Service Queensland on 13QGOV (13 74 68) or visit www.qld.gov.au/ghadogs