

Assistance Animal Access Request Form



Assistance Animal Requestor Details:

Name		Student/Staff Number	
Type of Assistance Animal Requested	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (please detail) Additional details:	Frequency of Assistance Animal Access Requested	<input type="checkbox"/> Daily (all permitted locations) <input type="checkbox"/> Prescribed times (please detail) <input type="checkbox"/> Prescribed locations (please detail) Additional details:
Start Date of Assistance Animal Access Requested		End Date of Assistance Animal Access Requested (if known)	

Assistance Animal Training Evidence Provided:

Option Number (select one)	Assistance Animal Appropriate Training Option	Evidence (select one)
<input type="checkbox"/> 1	Accredited under a law of a State or Territory that provides for the accreditation of animals trained to assist a person with a disability to alleviate the effect of the disability	<input type="checkbox"/> Evidence that the animal is accredited under a law of a State or Territory For example, Public Access Test certification issued pursuant to the <i>Guide, Hearing and Assistance Dogs Act 2009</i> (Qld).
<input type="checkbox"/> 2	Accredited by an Animal Training Organisation, prescribed by the <i>Disability Discrimination Act 1992</i>	<input type="checkbox"/> Evidence that the animal is accredited by an Animal Training Organisation, prescribed by the <i>Disability Discrimination Act 1992</i> For example, a certificate of accreditation from an Animal Training Organisation.
<input type="checkbox"/> 3	Trained to: i. Assist a person with a disability to alleviate the effect of the disability; and ii. Meet standards of hygiene and behaviour that are appropriate for an animal in a public place	<input type="checkbox"/> Evidence that the animal has been appropriately trained The type of evidence which a student or staff member may provide to demonstrate this could include: (a) A letter from an appropriate support person or medical professional stating that the Assistance Animal assists in alleviating the effects of the student or staff members disability; (b) A letter from an animal trainer or training organisation stating that the Assistance Animal meets standards of hygiene and behaviour that are appropriate for an animal in a public place; and/or (c) A Statutory Declaration from the student or staff member confirming that the Assistance Animal assists in alleviating the effects of their disability and meets standards of hygiene and behaviour that are appropriate for an animal in a public place (the form of the Statutory Declaration should be requested from TAFE Queensland Legal Services) Note: the evidence must demonstrate both elements of this option - that the animal assists the individual to alleviate the effects of their disability and that the animal meets appropriate standards of hygiene and behaviour

Assistance Animal Health Evidence Provided:

Compulsory Evidence	Health Requirement	Evidence
<input type="checkbox"/>	Assistance Animal is in a healthy condition	<input type="checkbox"/> A letter or certificate from a licensed veterinarian (dated in the last 12 months) confirming that the Assistance Animal is in a healthy condition and has received all recommended vaccinations

Requestor Signature:

Requestor Signature		Date	
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Approving Officer Decision:

Current Student/Staff Member	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Evidence Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Approval Decision	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Approved with restrictions or limitations		
Relevant Limitations or Restrictions on Access	<input type="checkbox"/> Procedural areas <input type="checkbox"/> Areas in which other animals are present <input type="checkbox"/> Areas in which substances which may be hazardous to the Assistance Animal are used <input type="checkbox"/> Areas in which other students or staff have identified they are uncomfortable in the presence of the animal type (e.g. phobia or allergic reaction) are present* <small>* Please note: This identification must have occurred prior to this request being approved</small>		
Limitations or Restrictions Details (if required)			
Approving Officer Name		Position	
Approving Officer Signature		Date	