****

**Children and Young People Programs – School Application Form**

**School Information**

School name: Click or tap here to enter text.

School address: Click or tap here to enter text.

Visits approved by: Click or tap here to enter text. Job Title: Click or tap here to enter text.

Contact Number: Click or tap here to enter text. Email: Click or tap here to enter text.

**Visit Details**

Required Program:(Please tick) Paws ‘n’ Tales  Mate@theGate  Wellness  HSC  Jab Dogs  Other: (Please specify details)Click or tap here to enter text.

Frequency of visits:(Please tick) Weekly  Fortnightly  Monthly  Multiple (Please specify details) Click or tap here to enter text.

Requested Day/s: Flexibility will assist us to find the perfect team for your school (Please tick all choices that would be suitable)

Monday  Tuesday  Wednesday  Thursday  Friday  Multiple (Please specify details) Click or tap here to enter text.

Preferred time of visit: Please consider staff availability and conflicting events: Click or tap here to enter text.

**Starting Visits**

Prior to our first scheduled visit, we will request a meeting with you and the allocated PAWS volunteer (without their dog) to discuss visit format and specific requirements. This also allows the volunteer to complete a school induction if needed, familiarise themselves with classrooms and the location of visits as well as to meet participating staff.

Please provide sign in/out procedure if required: Click or tap here to enter text.

Does your school require a specific induction? If so, please provide details: Click or tap here to enter text.

Please provide details of an allocated green space for the dog: Click or tap here to enter text.

Please indicate suitable parking: Click or tap here to enter text.

(Note we require free parking that is easily accessible. Please advise of the parking process and location, including reserved carparks, ticket validation, or payment reimbursement upon invoice as applicable)

**Health and Safety**

The school is responsible for obtaining parental permissions for child/young person participation as necessary.

Are there any children/young people/staff excluded from interacting with the volunteer team? Please specify details: Click or tap here to enter text.

PAWS volunteers use antibacterial hand gel for all visits. Do you approve the use of this gel for your students? YES  NO

If not, participants will be directed to wash their hands before and after interactions.

**Visit Specifics**

All PAWS visits are held under the direct supervision of a nominated school representative. Any interactions must be in clear site of school staff and in public spaces. All interactions are controlled by the volunteer handler and restricted to 1-1 or a small group basis.

Please indicate supervising staff: Name: Click or tap here to enter text.

Position: Click or tap here to enter text.

How many children/young people will be participating in the visit? Click or tap here to enter text.

(Please refer to our provided information sheet for recommended program numbers.)

Pet Therapy Needs or Expected Outcomes:

(Based on your program selection please tell us what your goals are for our visits): Click or tap here to enter text.

Where will the visit take place? (In the classroom, office, library etc.) Click or tap here to enter text.

Any additional information you would like to provide: Click or tap here to enter text.

**Costs/Invoicing**

I understand that **Paws Pet Therapy charges $77.00 (inc. GST) per team/per visit,** which contributes to recruitment, training and insurances. Failure to notify Paws Pet Therapy of cancelled visits will incur normal visit costs.

Invoices to be sent to: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Name: Click or tap here to enter text. Signed: Click or tap here to enter text.

Date: Click or tap to enter a date.