



# Application to become an approved trainer or training institution

*Guide, Hearing and Assistance Dogs Act 2009* (the Act)

## How to complete this form

You can complete this form on your computer using Adobe Acrobat Reader and some browsers, or you can print it.

If you have a printed form:

- Use black or blue pen
- Print in BLOCK LETTERS
- Tick your selection in the check boxes.

Electronic signatures are acceptable if you are not printing the form.

## Instructions

This form is for individuals or training institutions applying for approval to train guide, hearing or assistance dogs under section 15 of the *Guide, Hearing and Assistance Dogs Act 2009* (the Act).

Except for Part 8 and where indicated, each section must be completed in full. You will need to attach supporting information and evidence to support your application. The application must be signed and dated before it is submitted. To be approved as a training institution, you must be a corporation, not just a sole trader. For training institutions, a person with authority (e.g. company director) 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 via the contact details listed on the form.

The Queensland Government is committed to respecting, protecting and promoting human rights. Under the *Human Rights Act 2019*, the Guide, Hearing and Assistance Dogs (GHAD) team is obliged to give proper consideration to human rights when making decisions.

## Before applying

Before applying, carefully read our fact sheet – [Becoming an approved trainer or training institution](#), which outlines:

- how your application will be assessed,
- the type of information you should include, and
- the roles and responsibilities approved trainers and training institutions are expected to undertake.

[Further information and resources are available online.](#)

## Privacy statement

The department is collecting information to assess your application to become an approved trainer or training institution under the Act.

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 relevant department) may be used for assessment and/or review purposes. Any such entity will be contractually bound to keep your information confidential and treat it in accordance with the *Information Privacy Act 2009*.

The department will manage your personal information in accordance with the IP Act. Except as outlined above, your personal information will not be disclosed to any other third party unless required or authorised by law, or you consent.

[Find further information here.](#)

### I have read and understood the privacy statement:

Yes

No

## Part A

### Personal details of applicant (main contact)

Title:  First name:  Middle name:  Last name:

Position title:

Date of birth (DD/MM/YYYY):

Gender:

Female

Male

Non-binary

Indeterminate

Intersex

Unspecified

Email:

Home phone:

Mobile phone:

Residential address

Street:

Suburb:

State:

Postcode:

Postal address (if different from residential address):

Suburb:

State:

Postcode:

I would like to receive correspondence about my application via:

Email

Post

## Part B

### Training details

Is this application for an individual trainer or a training institution?

Individual trainer

Training institution

- If you selected 'individual trainer' you are required to complete Part C. **Only complete Part D if you will be operating under a registered business name.**
- If you selected 'training institution' you are required to complete Part D. **Do not complete Part C.**

## Part C

### Individual trainer details

Will you be operating under a registered business name when providing training services?

Yes                      No

- If you selected **YES**, complete the remainder of Part C and Part D.
- If you selected **NO**, go to Part E.

Trading name:

Australian business number (ABN):

## Part D

Trading name:

Corporation name (if applicable):

Australian company number (ACN):

Business address

Street:

Suburb:

State:

Postcode:

Postal address (if different from business address):

Suburb:

State:

Postcode:

Website:

Business phone:

Alternate phone :

Total number of employee trainers:

Any employee trainer is a person who will be employed by the corporation to train and certify dogs. This does not include assistants, breeders used by the corporation or puppy carers.

(Please attach an additional page with the full name and position title of each employee trainer if there is insufficient space).

Title:  First name:  Middle name:  Last name:

Position title:

In what category does this employee trainer train?

Guide dog  Hearing dog  Assistance dog

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Title:  First name:  Middle name:  Last name:

Position title:

In what category does this employee trainer train?

Guide dog  Hearing dog  Assistance dog

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Title:  First name:  Middle name:  Last name:

Position title:

In what category does this employee trainer train?

Guide dog  Hearing dog  Assistance dog

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Title:  First name:  Middle name:  Last name:

Position title:

In what category does this employee trainer train?

Guide dog  Hearing dog  Assistance dog

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Title:  First name:  Middle name:  Last name:

Position title:

In what category does this employee trainer train?

Guide dog  Hearing dog  Assistance dog

**Part E**

**Dog training category (select all that apply)**

Guide dog  Hearing dog  Assistance dog

**Part F****Dog training premises and service delivery locations**

Details of the main address where the dog training service will be provided:

Street:

Suburb:

State:

Postcode:

Other locations:

**Part G****All sections must be completed****1. Public liability insurance**

- I have attached a copy of Certificate 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.

**2. Criminal history**

- I have attached criminal history screening applications (Form GHA-1) for myself and advised all other employee trainers to submit Form GHA-1 directly to the department.
- I have attached criminal history disclosure (Form GHA-2) for myself and advised all other employee trainers to submit Form GHA-2 directly to the department.

**3. Qualifications, knowledge or 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.

**4. Suitability – training methods**

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

**5. 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.

**6. Suitability – support**

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

**7. Qualifications, knowledge or experience – understanding of disability**

- I have attached evidence of qualifications that demonstrate an understanding of 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 of the needs of people with disability for all people covered in this application.
- If applying for approval to become a trainer or training institution of assistance dogs, list any focus areas of the training service. For example, assistance dogs for a person with a physical impairment.

**8. Organisation membership**

- I have attached evidence of memberships (or an application of membership), for myself or the applicant corporation, to organisations and/or associations that promote standards of dog training (Australian and/or international).

**OR**

- I am not a member of any organisations and/or associations that promote standards of dog training (Australian and/or international).

**9. Policy requirements**

- I have attached the policy I will implement in relation to the confidentiality of personal information about:
- (i) persons to whom I will provide training services
  - (ii) employee trainers (for training institutions only).
- I have attached the policy I will implement to handle complaints about the training service/s I provide.

**10. Processes and record keeping**

- I have attached information about the processes I will follow to administer and manage correspondence and communication, including:
- (i) documents between the training service and the GHAD team
  - (ii) written complaints (received by, and about, the training service)
  - (iii) certificate of disability (condition/diagnosis of handler)
  - (iv) retention timeframes for records.

**11. Record keeping – training of dogs**

- I have attached evidence that demonstrates how I will record and retain information for each dog I train, including:
- (i) name and breed
  - (ii) date of birth (or approximate age)
  - (iii) training history, including public access test (PAT) records
  - (iv) veterinary history
  - (v) handler information
  - (vi) dog classification information
  - (vii) retention timeframes for records (i.e. minimum of 7 years)
  - (viii) date training commenced (e.g. the date an agreement was entered with a handler).

**12. Record keeping – certification of dogs**

- I have attached evidence that demonstrates how I will record and retain information for each dog I certify, including the information listed above.

**13. Record keeping – handler cards**

- I have attached evidence of the training service's processes for administration and management of handler identity cards, including:
- (i) name of handler
  - (ii) description of handler's dog
  - (iii) card issue and expiry information
  - (iv) retention timeframes for records.

## Part H

### Optional – additional information

Please list and attach any additional information you would like the GHAD team to consider in support of your application.

All additional documents must be clearly labelled.

Document names:

## Part I

### 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 I am giving consent for the GHAD team to consult with third party entities to assess my application.

I understand it can be an offence under the Act 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 GHAD team to assess my suitability to become an approved guide, hearing or assistance dog trainer or training institution under the Act.

Signature:

Name:

Date:

### Return:

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

OR mail to Attention 'Manager, Guide Hearing and Assistance Dogs Team'

Locked Bag 3405  
Brisbane QLD 4001

### For further information:

**Phone:** 13QGOV (13 74 68) **TTY:** 133 677

**Email:** [ghad@qld.gov.au](mailto:ghad@qld.gov.au)

**Postal:** Locked Bag 3405, Brisbane QLD 4001

**Website:** [www.qld.gov.au/ghad](http://www.qld.gov.au/ghad)