**** 2018

**ASSISTANCE DOGS NORTHERN IRELAND**

**THERAPY DOG REQUEST**

**Full-Time Therapy Dog Placement**

**Therapy Dog Visits (When available)**

|  |  |
| --- | --- |
| Name of Setting |  |
| Address |  |
|  |  |
| Postcode |  |
| Telephone Number |  |
| Website |  |
| Contact Made By |  |
| Position |  |
| Telephone Number |  |
| Mobile Number |  |
| E-mail Address |  |

Please Circle what is appropriate to your setting

|  |  |  |
| --- | --- | --- |
| Setting | School | Mainstream: Pre-SchoolMainstream: PrimaryMainstream: SecondarySpecial Needs School |

|  |  |  |
| --- | --- | --- |
| Setting | Hospital | Children and Young People’s WardOlder People |

|  |  |  |
| --- | --- | --- |
| Setting | Day Centre | Family Centre Older People |

**Please e-mail completed form to:** **info@adni.org.uk**

**Send to**

**Assistance Dogs NI, 15 Connell Street Carpark, Limavady BT49 0DB**