**Register of Interest Form for Family Member Fostering Programme**

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| **Name of Prospective Foster Carer** |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone Number** |  |
| **E-mail address** |  |
| **Do you consent to your e-mail being part of a group e-mail?** |  Yes

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 No

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| **Assistance Dog is for** |  |
| **Disability: Autism** |  Yes

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 |
| **Date of Birth of child** |  |
| **Current age of applicant** |  |
| **Is there anyone in the house allergic to Dog Hair** |  Yes

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 No

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| **Is there anyone in the house allergic to Dog Salvia**  |  Yes

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 No

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This is a very demanding role, if there are any on-going issues such as work or school tribunals, relationships breaking down, this is not the time to consider taking an ADNI puppy into your home. ADNI want individuals to succeed.

**Number of children in the household:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Gender | Date of Birth | Current Age |
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|  |  |  |  |
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| **Is there a parent/guardian at home all day?** | Yes

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 No

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| **If yes who is the main carer?** |  |
| **If yes, would you like to be considered as a foster carer?** | Yes

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 No

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| **Can you drive and have access to a car?** | Yes

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 No

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| **If no, do you have an alternative carer?** | Yes

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 No

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| **If yes, we require there:** **Name** |  |
| **Address** |  |
|  |  |
| **Postcode** |  |
| **E-mail address** |  |
| **Consent to contact them** | Yes

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 No

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| **Would they be willing to attend the Pre-Puppy Placement Training?** | Yes

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 No

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If you live in rented accommodation, we will need written permission from the landlord that they allow an ADNI puppy/ADNI Dog to reside in the home:

 **Please submit written permission along with this form.**

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| Name of Landlord |  |
| Address |  |
|  |  |
| Postcode |  |
| Telephone Number |  |
| E-mail address |  |

As a micro charity, we do not have the capacity to provide cover for the puppy should there be a family emergency or planning a holiday.

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| --- | --- |
| Name of Emergency Foster Carer |  |
| Address |  |
|  |  |
| Postcode |  |
| Telephone Number |  |
| E-mail Address |  |
| Consent to contact given | Yes

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 No

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| Name of Emergency Foster Carer |  |
| Address |  |
|  |  |
| Postcode |  |
| Telephone Number |  |
| E-mail Address |  |
| Consent to contact given | Yes

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 No

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**It is important to discuss the above role with your chosen support network**

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