



## Register of Interest Form for Family Member Fostering Programme

<b>Name of Prospective Foster Carer</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Telephone Number</b>	
<b>E-mail address</b>	
<b>Do you consent to your e-mail being part of a group e-mail?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Assistance Dog is for</b>	
<b>Disability: Autism</b>	Yes <input type="checkbox"/>
<b>Date of Birth of child</b>	
<b>Current age of applicant</b>	
<b>Is there anyone in the house allergic to Dog Hair</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Is there anyone in the house allergic to Dog Salvia</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Is there a parent/guardian at home all day?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes who is the main carer?	
If yes, would you like to be considered as a foster carer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you drive and have access to a car?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, do you have an alternative carer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, we require there:	
Name	
Address	
Postcode	
E-mail address	
Consent to contact them	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would they be willing to attend the Pre-Puppy Placement Training?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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.**

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.

Name of Emergency Foster Carer	
Address	
Postcode	
Telephone Number	
E-mail Address	
Consent to contact given	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of Emergency Foster Carer	
Address	
Postcode	
Telephone Number	
E-mail Address	
Consent to contact given	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

