



Canine Therapy Ireland
Est. 2021

Beneficiary Selection Questionnaire

Q1. Please specify your gender and preferred pronouns.

Q2. Please state your date of birth (DD/MM/YYYY). This form must be completed by an adult if applicant is under the age of 18.

Q3. Please state your current address.

Q4. With regards to your disability, please specify preferred language

- Person led – e.g. person with autism.
- Disability led – e.g. autistic person.
- Other – please include further details below.

Q5. Please select the option that best describes your current employment status:

- Full-time (32+ hours)
- Part-time
- Student
- Unemployed
- Retired
- Disability-related leave
- I prefer not to answer.
- Other - please include further details below.



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Q6. Have you received a formal diagnosis? (*Mental Health, Neurodivergence etc*)

- Yes – please include further details below.
- No
- In the process – please include further details below.

Q7. Can you provide proof of diagnosis? Please note reports are not required at this stage of the application process.

Q8. Do you require help with any of the following?

- Sensory
- Balance
- Mobility
- Social Interactions
- Public Transport
- Public Access
- Crowds
- Medication Reminders
- Attending College/Work/Appointments
- Self-Injurious Behaviours
- Emotional Regulation
- Seizures
- Fainting Spells
- Anxiety
- Flashbacks
- Nightmares/Night terrors
- All of the above
- Other - please include further details below.



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Q9. Do you feel having additional needs limits you accessing public spaces?

- No
- Yes – please give example below.

Q10. Do you have a good support system through family and friends with your diagnosis (self-diagnosis or official)?

- Yes – family.
- Yes – friends.
- No to both.
- Yes, to both.

Q11. Do you have to plan social interactions/outings?

- No
- Yes – please include further details below.

Q12. If you are struggling in a public place, do you feel like you can ask for help?

- Yes
- No
- Sometimes

Q13. How often do you experience exhaustion from having to function in society?



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Q14. Could you give an example of how you feel an assistance dog could benefit your well-being?

Q15. Could you give an example of your worst days (this is to assist us in knowing how a trained dog could best support you).

Q16. Do you have any affiliation or experience with other charities or have you been involved with any training organisations?

- No
- Yes – please include further details below.
- I did previously - please include further details below.

Q17. Are you in a position to volunteer at or create fundraising events?

- Yes
- No

Q18. Do you have experience with dog training?

- No
- Yes – please give examples of your experience and methods used.



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Q19. Are you willing to work alongside trainers to follow all guidance and protocol in training and caring for the dog?

- Yes
- No

Q20. Would you be interested in assisting with puppy raising or is a qualified dog preferable?

Q21. Are you financially available to look after the dogs needs such as food, grooming, vets etc?

- No
- Yes

Q22. Are you aware of the training required for an assistance dog?

- No
- Yes

Q23. If you are struggling to look after your dog to a high standard, would you be confident in reaching out to us for help?

- No
- Yes

Q24. What are your means of transport?

Q25. Do you have a fully enclosed garden?



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Q26. Please describe your living arrangements and house type e.g., apartment, house, rented accommodation, bungalow etc

Q27. Do you have any pets?

- No
- Yes – please include further details below.

Q28. Do you live with or care for children?

- No
- Yes – please include further details below.

Q29. Would you be happy for us to engage with your service providers in order to co-design a canine assisted support plan?

Q30. Please confirm who is completing this form e.g. potential client, carer, support worker, parent/guardian etc.



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Q31. What brought you to our organisation?

Q32. Please insert any questions that you may have for us or anything that you would like for us to know.

Signature of person completing the form: _____

Date: _____

Signature of potential client if over the age of 18: _____

Date: _____