

**THIS IS AN IMPORTANT DOCUMENT.  
PLEASE RETAIN A COPY ON FILE FOR FUTURE REFERENCE**



**CARE CENTRE APPLICATION INFORMATION**

**Every Visiting Volunteer Team registered with Irish Therapy Dogs:**

- Has been Garda vetted on behalf of Irish Therapy Dogs.
- Is insured by Hiscox Insurance Company against third party risks in the course of their visits.
- Is rigorously assessed and approved for suitability to carry out their visits in a positive and discreet manner.
- Has two character references from non-related referees.
- Adheres to Irish Therapy Dogs' Guidelines.
- Adheres to Irish Therapy Dogs' official dress code.
- Observes Fire, Health and Safety regulations of the Care Centre.
- Respects confidentiality.
- Maintains control of their dog.
- Will not carry out any staff duties.
- Dog is vaccinated and preventively treated for parasites.
- Dog will wear official Irish Therapy Dogs' coat, lead and collar.

***Irish Therapy Dogs,  
c/o St. Mary's Centre (Telford) Ltd.,  
185-201 Merrion Road,  
Dublin 4.  
D04 T3H3  
Telephone: 01 544 6198  
[www.irishtherapydogs.ie](http://www.irishtherapydogs.ie)***

*Company Registration No. 464658*

*Charity Registration No. CHY18715*

*Registered Charity No. 2007239*

*March 2018*

*CC2*



## CARE CENTRE APPLICATION FORM

**Please Complete in BLOCK CAPITALS**

Care Centre Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Official Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Persons Catered For: \_\_\_\_\_

No. of Residents: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number \_\_\_\_\_ Official Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Director of Nursing: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Official Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Activities' Co-ordinator: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Official Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**An Annual Subscription of €100 is payable to Irish Therapy Dogs on placement of a Volunteer Visiting Team**

**Please return this form to:**  
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