



SEEING EYE DOGS AUSTRALIA (SEDA) APPLICATION FOR A SEEING EYE DOG

1. The Application

This application form registers your interest in acquiring a Seeing Eye Dog. If you have not already received further information including a request for a medical, this will be sent on receipt of this form. Following the medical, you will be contacted by an Instructor who will arrange to visit you.

2. Applicant Information Required

2.1. Contact Details

Full Name:

Date of Birth:

Address:

Suburb: State:P/code:

Home telephone:

Work telephone:

Mobile:

Email:

2.2 Extent of your vision loss

Have you been assessed as being legally blind?

Yes \ No \

Are you totally blind?

Yes \ No \

2.3. Other Disabilities if any

List any other sensory, physical, physiological, pathological or emotional, disability or other health impairment that impacts on your orientation and mobility:

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2.4. Preferred Correspondence Format

Indicate your preferred format for sending and receiving correspondence/information:

Standard Print Large Print Audio Cassette Braille Email

Applicant's Signature: Date: