Children and Young People Programs – Library Application Form

Library Information

- **Library name:**
- **Library address:**
- **Visits approved by:**
- **Job Title:**
- **Contact Number:**
- **Email:**

Visit Details

Required Program (please tick):
☐ Paws 'n' Tales ☐ HSC ☐ Other (please specify):

Frequency of visits (please tick):
☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Multiple (please specify):

Requested Day/s (please tick all suitable options):
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Weekend ☐ Multiple (please specify):

Preferred time of visit:
(Please consider staff availability and conflicting events)

Starting Visits

Prior to our first scheduled visit, we may request a meeting with you and the allocated PAWS volunteer (without their dog) to discuss the visit format, complete an induction if required, and familiarise with the library layout and staff.

- **Sign in/out procedure (if required):**
- **Library-specific induction required?** (If yes, please provide details):
- **Allocated green space for the dog:**
- **Suitable parking (please include any validation, reserved spots, or reimbursement info):**

Health and Safety

- The library is responsible for obtaining parental permissions for participation.
- A Risk Assessment will be prepared before sessions commence, for your review/approval.
- **Are any patrons excluded from interacting with the volunteer team?** (Please specify):
- **Do you approve the use of antibacterial hand gel by participants?**
  ☐ YES ☐ NO
  (If NO, participants must wash their hands before and after interactions.)

Visit Specifics

- All visits are conducted under the direct supervision of a nominated library representative and must occur in visible, public areas.
- Interactions are limited to one-on-one or small groups, managed by the volunteer handler.

Supervising Staff:

- **Name:**
- **Position:**

Number of children/young people participating:
(Refer to PAWS information sheet for recommended numbers.)

Pet Therapy Needs / Expected Outcomes:
(Based on your program selection, what are your goals for the visits?)

Visit location within the library:

Additional information:

Costs / Invoicing

I understand that PAWS Pet Therapy charges **$80.00 + GST per team, per visit**, which contributes to recruitment, training, and insurance costs. *Failure to notify PAWS Pet Therapy of a cancelled visit will incur the normal visit cost.*

- **Invoices to be sent to:**

- **Email address:**
- **Name:**
- **Signed:**
- **Date:**

PAWS Pet Therapy
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