



Application for the mindDog Trainers Group

Please send completed form to mindDog
p o box 797,
surry hills nsw 2010

or email to
info@minddog.org.au

enquiries to
0405 745 476

Your details

Name _____

Date of Birth DD/MM/YYYY ____ / ____ / _____

Address _____

P/code _____

Postal Address _____

P/code _____

Mobile _____ Email _____

Please list any other formal dog related qualifications you have.

Please list any informal dog related experience you have.

Affiliations

Are you a member of the Delta Professional Dog Trainers' Association? yes no

Are you a member of the Pet Professional Guild Australia? yes no

Are you a member of any other professional dog trainers' organisation? yes no

Name _____

Qualifications

Do you have a Certificate IV in Companion Animal Services? yes no

Have you trained assistance dogs before? yes no

For which organisation? _____

Do you have a First Aid Certificate? yes no

Do you have a current public liability insurance policy? yes no

Do you, or does anyone amongst your family and friends, now or in the past, have a mental health disorder? yes no

List the personality traits you think a mindDog trainer needs.

Signed _____

Date DD/MM/YYYY ____ / ____ / _____

Please attach copies of relevant qualifications.