

Form GHA – 8

PART A - Public Access Test

SECTION 35 OF THE *GUIDE, HEARING AND ASSISTANCE DOGS ACT 2009* PROVIDES THAT A PUBLIC ACCESS TEST IS A TEST APPROVED BY THE CHIEF EXECUTIVE TO ASSESS IF A GUIDE, HEARING OR ASSISTANCE DOG IS:

- (A) SAFE AND EFFECTIVE IN A PUBLIC PLACE OR PUBLIC PASSENGER VEHICLE; AND
- (B) ABLE TO BE CONTROLLED BY:
 - i. THE PRIMARY HANDLER OF THE DOG; OR
 - ii. THE PRIMARY HANDLER OF THE DOG WITH SUPPORT OF AN ALTERNATIVE HANDLER.
- THE PUBLIC ACCESS TEST (PAT) INDICATES THE MINIMUM STANDARD THAT A DOG MUST ACHIEVE TO BE CONSIDERED <u>SAFE AND EFFECTIVE</u> IN ACCESSING PUBLIC PLACES AND PUBLIC PASSENGER VEHICLES ON A DAILY BASIS.
- A PUBLIC ACCESS TEST CAN ONLY BE CONDUCTED BY AN <u>APPROVED INDIVIDUAL TRAINER</u> OR AN <u>EMPLOYEE TRAINER OF AN APPROVED TRAINING INSTITUTION</u> APPROVED UNDER THE <u>GUIDE</u>, <u>HEARING AND ASSISTANCE DOGS ACT 2009</u>.
- A PUBLIC ACCESS TEST CONDUCTED BY A TRAINER THAT IS NOT DEEMED APPROVED UNDER THE ACT IS AN INVALID TEST.
- EACH OF THE NINE (9) ELEMENTS OF THE PAT MUST BE PASSED TO DEMONSTRATE THAT THE DOG AND HANDLER PERFORM AT THE REQUIRED STANDARD.

GROUNDS FOR IMMEDIATE FAILURE OF THE PUBLIC ACCESS TEST:

- A DOG THAT DISPLAYS ANY INAPPROPRIATE AGGRESSIVE BEHAVIOUR (GROWLING, BITING, RAISING HACKLES, SHOWING TEETH ETC.)
- ANY DOG THAT URINATES OR DEFECATES IN A BUILDING OR SHOWS UNCONTROLLABLE BEHAVIOUR.
- ANY DOG THAT SHOWS A DISPLAY OF GUARDING OF PEOPLE, TERRITORY, POSSESSIONS OR FOOD.
- ANY DOG OR HANDLER WHO, DUE TO THEIR ACTIONS OR BEHAVIOUR, IS LIKELY TO BRING DISREPUTE, I.E. A LACK OR LOSS OF GOOD REPUTATION OR RESPECT, TO THE DOG, TRAINER OR TRAINING INSTITUTION.
- ANY HANDLER WHO IS HARSH ON THE DOG OR IS NOT WILLING TO ABIDE BY ALL RELEVANT LAWS.
- A FAIL MARK IN ANY ELEMENT OF THE PAT.

SCORING:

- A PASS MARK IN ALL ELEMENTS INDICATES DOG DISPLAYS APPROPRIATE BEHAVIOUR
- A FAIL MARK IN ANY ELEMENT INDICATES DOG DISPLAYS INAPPROPRIATE BEHAVIOUR





Public Access Test Details						
Date:	DD/MM/Y	YYY				
Name of handler:					Date of Birth:	
Primary Handler						
Alternative Handler 1						
Alternative Handler 2						
Name of dog:						
Dog's DOB and/or approx. age:	DD/MM/Y	YYY				
Breed of Dog						
Microchip No.						
Category:	Guide _	Hearing _	Assist	ance		
Has the dog been declared a		1	_	¬		
dangerous dog under local law?	Yes _		No L			
Is the dog a restricted breed as defined		-		-		
under the Animal Management (Cats	Yes _		No			
and Dogs) Act 2007?		1		1		
Is the dog de-sexed and vaccinated?	Yes _		No L			
Name of trainer/ training institution:						
Trainer/training institution dog reference number (issued by trainer)						
reference number (issued by trainer)						
COCIAL DELIAVIOUR			1			
SOCIAL BEHAVIOUR						
1. Non-aggressive behaviour (to k	oe demon	strated throug	ghout Public	Access Te	st)	
The dog has displayed appropriate behavio	ur. Inappro	priate traits to o	bserve are Gr	owlina. Bitina.	Raising hackles	
3 1 7 11 1		•		ς, Γ	☐ Pass ☐ Fail	
Notes:						
NULES						
2. Well-managed:						
2.1 The dog is settled, has a relaxed demeanour, is always under control and is unobtrusive [not pulling, or being in a						
_		vays under conti	oi and is uno	otrusive friot bi		
state of higher arousal causing difficulty to handler]						
2.2 The dog is specifically trained to bark, to stop on command, and/or respond to voice/visual/signal/lead correction						
commands.						
2.3 The team/unit is not a hazard/nuisance to the public.						
2.4 The dog is well-managed by the handler, e.g. dog responds to handler's demands. Handler praises/rewards dog.						
☐ Pass ☐ Fail						
2.5 The dog recovers if startled and does not respond aggressively, or show fear, or continue to be affected after the						
incident has taken place.						
		2.6 The dog is on a lead/harness at all times.				
2.6 The dog is on a lead/harness at all times	S.				∣ Pass	
2.6 The dog is on a lead/harness at all time: Notes:					│Pass	
_					Pass Fail	
_					Pass Fail	
_					Pass _ Fail	
_					Pass Fail	



3. Public places/public passenger vehicles:				
The dog will remain responsive to handler, handler to be in control at all times. No excessive sniffing, drooling or				
grabbing of food, or excitability.				
3.1 The dog sits under the handler's chair/table or is out of the				
	☐ Pass ☐ Fail			
3.2 The dog shows control of food distraction, e.g. heeling, cor				
	☐ Pass ☐ Fail			
3.3 The dog does not use public furniture or public seating.	☐ Pass ☐ Fail			
3.4 Pick at least three options from the list below to continue w	·			
PLEASE NOTE: At least one public place and one public pass	enger vehicle must be chosen, if no taxi is available then			
the trainer's car may be used (e.g. for rural/remote areas).				
Bus	Pass Fail			
Train/tram	☐ Pass ☐ Fail			
Ferry	☐ Pass ☐ Fail			
Busway station/interchange or train station	☐ Pass ☐ Fail			
Café/shopping centre	☐ Pass ☐ Fail			
Escalator	☐ Pass ☐ Fail			
Travelator	☐ Pass ☐ Fail			
Taxi/Car	☐ Pass ☐ Fail			
Lift	☐ Pass ☐ Fail			
Other public place/public passenger vehicle used in this public				
3.5 The dog correctly sits in a designated area of chosen trans	<u> </u>			
enters and exits on command only. The handler is to be in con	· · · — —			
3.6 The dog maintains a 'sit' or 'down' position if a person app				
ere the deg maintained at a definite pecial and a percent app				
	<u> </u>			
Notes:	Pass Fail			
Notes:	Pass Fail			
Notes:	Pass Fail			
Notes:	Pass Fail			
Notes:	Pass Fail			
	Pass Fail			
4. People response:	☐ Pass ☐ Fail			
4. People response: The dog is passed from front and rear and is non-reactive (e.g.	☐ Pass ☐ Fail			
4. People response: The dog is passed from front and rear and is non-reactive (e.g following categories:	Pass Fail does not shy away, growl, raise hackles) in any of the			
4. People response: The dog is passed from front and rear and is non-reactive (e.g following categories: 4.1 Crowd and pedestrian traffic	Pass Fail does not shy away, growl, raise hackles) in any of the			
4. People response: The dog is passed from front and rear and is non-reactive (e.g following categories: 4.1 Crowd and pedestrian traffic 4.2 Member of public	Pass Fail does not shy away, growl, raise hackles) in any of the Pass Fail Pass Fail			
 4. People response: The dog is passed from front and rear and is non-reactive (e.g following categories: 4.1 Crowd and pedestrian traffic 4.2 Member of public 4.3 Approached by adult and child 	Pass Fail does not shy away, growl, raise hackles) in any of the Pass Fail Pass Fail Pass Fail			
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5. Dog distraction:	
5.1 Dog remains calm (slight anxiety is acceptable if <3 secs).	☐ Pass ☐ Fail
5.2 Minimal interaction.	Pass Fail
5.3 Handler has control and dog is responsive to commands.	Pass Fail
5.4 The dog remains controlled while another dog passes.	Pass Fail
3	
Notes:	
6. Noise distraction:	
The dog is to be subject to noise distractions e.g. loud places/vehicles/person's voice or v	whistle or dropping a folder:
6.1 Dog remains calm (slight anxiety or fear is acceptable if <3 secs).	Pass Fail
6.2 Dog returns to assist handler in a reasonable period of time.	☐ Pass ☐ Fail
Siz Bog rotario to assist hariator in a roassinable period of time.	
Notes:	
OVERALL SOCIAL BEHAVIOUR	
OVERALL SOCIAL BEHAVIOUR	
	☐ Pass ☐ Fail
Notes: Specific comments required regarding how the handler corrects the dog, reassur	es the dog control of
leash/harness and any undue overcorrection. Include observations about temperament	
OBEDIENCE AND RESPECT	
7. Walk to heel:	
7.1 The dog is on the lead throughout the test and walks to heel on left or right of handler	, there is to be no straining or
pulling on the lead and no soliciting public attention.	☐ Pass ☐ Fail
7.2 A two metre recall on lead, dog to come directly back to handler on command.	Pass Fail
7.3 The dog is to be on the lead/harness at all times and if resting, e.g. at a café, or publi	c passenger vehicle, or at work,
the dog is to be close by to the handler. The dog is not to wander away.	☐ Pass ☐ Fail
,	



N. d.		
Notes:		
OVERALL OBEDIENCE AND RESPECT		☐ Fail
Include specific comments about the handler management of obedience and respect o temperament of the dog.	f the dog and	the
Notes:		
DUVOLO AL LICALTIL AND ADDEAD ANDE		
PHYSICAL HEALTH AND APPEARANCE		
O. Tailating/Uhraiana Bahariara		
8. Toileting/Hygiene Behaviour:		
8.1 The dog presents as clean, well-groomed and healthy.	Pass	Fail
8.2 The dog is capable of displaying appropriate behaviour	Pass	Fail
Notes:		
9. Acceptable toileting routine:		
9.1 The dog does not attempt to 'mark' over the top of other dogs' scents.	Pass] Fail
9.2 The handler demonstrates knowledge of toileting routine.	Pass	Fail
9.3 The dog responds to the 'toilet on command' request, which may include taking the		
	Pass	
toileting purposes.	Pass	j rali
Notes		
Notes:		





OVERALL HEALTH AND APPEARANCE	☐ Pass ☐ Fail
Notes: Include specific comments about the handler's management of pl	nysical health and appearance of the dog:
Specific comments required about veterinary records:	
ASSESSMENT RESULTS	
Observations made:	
 Include specific comments about temperament of dog and also the primary Handler to physically control the dog, and/or Alternative Handler (as applicable) to support the Primary Hall situations. 	
Identified Concerns	
OVERALL ASSESSMENT	☐ Pass ☐ Fail
Notes:	





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Authorisation of approved trainer or employee trainer completing this Public Access Test:				
PLEASE NOTE: A COPY OF THIS PUBLIC ACCESS TEST MUST BE RETAINED FOR AUDIT PURPOSES				

Authorisation of representative from an Approved Institution: (if applicable)			
Date:			
Name:			
Position:			
Signature:			

General Information:

- Whilst it is appropriate for a dog to respond/notice noises, people, other dogs etc., the dog must recover and return its attention to assisting the person with a disability in a reasonable period of time, i.e. <3 secs.
- In the event of a team failing the Public Access Test (PAT), the next test can be carried out within four weeks. This timeframe gives the team and trainer the opportunity to rectify identified concerns.
- If a guide, hearing or assistance dog fails the PAT or a certified dog can no longer meet the PAT benchmarks, then the approved trainer or approved training institution must inform the Department of Communities, Child Safety and Disability Services (DCCSDS) of this outcome (including any examples of reasons for non-certification) as part of their obligations to provide ongoing support.
- A handler of a certified dog is required to notify their approved trainer or approved training
 institution of any changes in the dog's ability to maintain the behavioural standards of the PAT.
- The approved trainer or employee trainer must explain the test to the handler, explaining expectations and what is not acceptable.
- Either party has the right to terminate the test for any health, welfare or safety reasons.
- The standard of behaviour required to pass this test is the standard of behaviour required by the guide, hearing or assistance dog on a day to day basis.
- Under s.25 of the Guide, Hearing and Assistance Dogs Act 2009 it is grounds for immediate suspension or cancellation of approval status if a trainer/training institution intentionally or recklessly certifies a dog as a guide, hearing or assistance dog and the dog has not, or should not have, passed a public access test.
- The trainer/training institution must notify DCCSDS in the event the dog is no longer able to meet the requirements of each element of the Public Access Test.





PART B – Certification

Certification Details
It is a requirement under the Guide, Hearing and Assistance Dogs Act 2009 that a dog be certified by an
approved trainer/training institution before a Handler Identity Card can be issued by the approved trainer/training
institution.
Name of Primary Handler:
Name of Alternative Handler/s (as applicable):
Alternative Handler 1:
Alternative Handler 2:
Name of Dog
Breed of Dog
Training Institution dog number (if applicable)
Category of Dog (choose one or more categories)
GUIDE DOG – An approved guide dog trainer may only certify this guide dog where it is able to be used as
a guide by a person with a disability attributable to a vision impairment.
HEARING DOG – An approved hearing dog trainer may only certify this hearing dog where it is able to be
used as an aid by a person with a disability attributable to a hearing impairment.
ASSISTANCE DOG – An approved assistance dog trainer may only certify an assistance dog where it is
able to perform identifiable physical tasks and behaviours to assist the person in a way that reduces the
person's need for support.
Certification means each dog must pass the following criteria:
Please indicate the dog:
Is able to perform identifiable physical tasks or behaviours to assist the person in a way that reduces
person's need for support
Is not a restricted breed as defined under the Animal Management (Cats and Dogs) Act 2008
Is de-sexed and vaccinated
Has not been declared a dangerous dog under local law
Has passed the Public Access Test within seven (7) days of completing this form:
Date of Public Access Test
Date of Certification
Authorisation for certification
Name of approved trainer/training institution:
Name of representative (if applicable):
Address of approved trainer/institution:
Contact Phone Number:
Email:
Signature of Representative: Date:
If you require further information regarding this document please call 13 QGOV (13 74 68) or email
ghadogs@communities.qld.gov.au
NB: TRAINERS: Under S. 25 of the <i>Guide, Hearing and Assistance Dogs Act 2009</i> it is grounds for immediate suspension or cancellation of approval status if a trainer/training institution intentionally or recklessly certifies a
dog as a guide, hearing or assistance dog and the dog has not, or should not have, passed a Public Access Test.
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PART C - Obtaining a Handler Identity Card

Handler Card Details — [handler information is not for public release]					
It is a re	It is a requirement under the <i>Guide, Hearing and Assistance Dogs Act 2009</i> that a person has a Handler				
Identity	Card to identify themselves as a person who is accompanied by a guide,	hearing or assistance dog,			
certified	to access public places, places of accommodation and public passenger	vehicles. [Exemption applies			
where p	resence of dog poses a risk to the health and welfare of people ordinarily	at that place or on that vehicle.]			
A perso	n may ask an approved trainer or approved training institution to issue a h	andler's identity card to the			
person.					
The app	proved trainer or approved training institution may issue the handler's iden	tity card to the person if they are			
satisfied	the person is eligible for the card, as either a primary handler, or an alter	native handler, as per			
requirer	ments stated under the GHAADA 2009:				
(a)	for a primary handler's identity card – where the person with a disability re	easonably requires the guide,			
	hearing or assistance dog to reduce the person's need for support and the	e person is able to physically			
	control the dog.				
(b)	for an alternative handler's identity card – where the person is an adult ar	nd the primary handler relies on			
	the person to physically control the dog.				
Date of	request:				
Section	on 1 – Type of request				
This Ha	andler Identity Card is required for:				
•	an initial card	Yes No No			
•	a renewal card	Yes 🗌 No 🗌			
•	a replacement card (initial card was lost, damaged, stolen)	Yes 🗌 No 🗌			
•	Primary Handler				
•	Primary Handler [Requires Alternative Handler]				
•	Alternative Handler				
Section	on 2 – Handler Information				
Title: (N	Mr/Mrs/Ms/Miss/Dr/other)				
First Name:					
Surnan	ne:				
Preferred Name (if different to first name, for display on the card):					
Gender: Male Female					
Teleph	one number:TTY: (if available)				
Email:	Email: (if available)				
Reside	ntial address:				



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Street:	
Suburb:	
State:	Postcode:
Postal address:	
Street:	
Suburb:	
State:	Postcode:
Signature:	Date:
Name:	on completing the form on behalf of the handler):
Contact details: Ph:	Mobile:
Email:	
Signature:	Date:
Statutory Health Attorney)	third party person who has the appropriate authority (Parent / Guardian / to sign on behalf of the person with disability – more information available at

Section 3 – Supporting information

Please attach the following:

- (a) **Certificate of disability** for the primary handler signed by a registered Health Practitioner from the medical profession; occupational therapy; physiotherapy, psychology or speech pathology [Certificate is only required in first issue of Handler Identity Card].
- (b) **Certified copy of one of the following identification documents** for the handler/s (primary/alternative) certified by a person before whom a statutory declaration may be made under the *Statutory Declarations*Act 1959 (Cwlth) section 8(b) e.g. Justice of the Peace, legal practitioner, medical practitioner, physiotherapist, psychologist or some bank officers refer to Identity Cards Photos fact sheet as https://www.communities.qld.gov.au/disability/key-projects/guide-hearing-and-assistance-dogs/resources
 - i. a birth certificate
 - ii. a current driver's licence
 - iii. a current 18 plus card
 - iv. a current Medicare card
 - v. a current passport
- (c) **Photograph of handler/s** must clearly show the face, head and top of shoulders, looking directly at the camera





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(d) **Photograph of the guide, hearing or assistance dog** – must clearly show head of dog looking directly at the camera

Photographs must also:

- be attached by paper clip or fold-back clips and not tape, staples, glue or pins
- be printed in colour and high resolution on photo paper
- have been taken no more than 6 months before the date of this Handler Card request
- be between 45mm and 55mm high, and between 35mm and 40mm wide
- show skin tones and have appropriate brightness and contrast
- not contain a flash reflection or red eye effect
- back of photograph must be certified before a person approved under the *Statutory Declarations Act* 1959 (Cwlth) and include the following information:

Handler/s	Dog
I certify this is a	Dog's name:
true likeness of	
(insert full name)	
Sign & Date	
(Authorised person)	





PART D - Checklist

Part A - Public Access Test passed and completed by approved trainer/training institution and retained for approved trainer/training institution's records. Yes No	The 1	ollov	owing checklist must be completed by the approved trainer/train	ing institution	n before they issue a handler		
for approved trainer/training institution's records. Yes No Part B - Certification checked and completed by approved trainer/training institution and retained for approved trainer/training institution's records. Yes No Part C - Obtaining Handler Identity Card completed with following verified identification sighted and retained for approved trainer/training institution's records. Yes No • Part C - Obtaining Handler Identity Card completed with following verified identification sighted and retained for approved trainer/training institution's records. Yes No • Handler's verified photo sighted and retained – stored as .jpeg file • Photo of the dog sighted and retained – stored as .jpeg file • Certificate of disability sighted and retained	dent	ity ca	card to the primary or alternative handler.				
Part B − Certification checked and completed by approved trainer/training institution and retained for approved trainer/training institution's records. Part C − Obtaining Handler Identity Card completed with following verified identification sighted and retained for approved trainer/training institution's records. Yes No No No No No No No No No No No No	•	 Part A – Public Access Test passed and completed by approved trainer/training institution and retained 					
approved trainer/training institution's records. Part C – Obtaining Handler Identity Card completed with following verified identification sighted and retained for approved trainer/training institution's records. No		for	or approved trainer/training institution's records.	Yes 🗌 1	No 🗌		
Part C – Obtaining Handler Identity Card completed with following verified identification sighted and retained for approved trainer/training institution's records. Yes No No No No No No No No No No No N	•	<u>Paı</u>	art B – Certification checked and completed by approved train	er/training in	stitution and retained for		
retained for approved trainer/training institution's records. Yes No No No Nandler's verified photo sighted and retained – stored as .jpeg file o Photo of the dog sighted and retained – stored as .jpeg file o Certificate of disability sighted and retained o Third party consent details recorded for primary handler (if applicable) o Consent from handler/third party in relation to release of information about the handler, as per the approved trainer/training institution's privacy policy – to indicate their personal information will not be disclosed to any other third party without Handler's consent. • Copy of completed Part A, B, C and D documentation: emailed to: ghad@communities.qld.gov.au Yes No OR posted to: Department of Communities, Child Safety and Disability Services Guide, Hearing and Assistance Dogs GPO Box 806 Brisbane QLD 4001 Yes No Checklist completed by: Name of institution representative (if applicable):		app	pproved trainer/training institution's records.	Yes 🗌 1	No 🗌		
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Department of Communities, Child Safety and Disability Services Guide, Hearing and Assistance Dogs GPO Box 806 Brisbane QLD 4001 Checklist completed by: Name of approved trainer/training institution: Name of institution representative (if applicable):		О	OR				
Guide, Hearing and Assistance Dogs GPO Box 806 Brisbane QLD 4001 Checklist completed by: Name of approved trainer/training institution: Name of institution representative (if applicable):		<u>p</u>	posted to:				
GPO Box 806 Brisbane QLD 4001 Checklist completed by: Name of approved trainer/training institution: Name of institution representative (if applicable):			· ·	es			
Brisbane QLD 4001 Checklist completed by: Name of approved trainer/training institution: Name of institution representative (if applicable):							
Checklist completed by: Name of approved trainer/training institution: Name of institution representative (if applicable):					Yes No No		
Name of approved trainer/training institution: Name of institution representative (if applicable):							
Name of approved trainer/training institution: Name of institution representative (if applicable):	Che	cklis	list completed by:				
Signature: Date completed: Date completed:	Nam	e of i	f institution representative (if applicable):				
	Signa	ature	re:	Date com	pleted:		
Handler Card Issue Number: On receipt of Parts A, B, C, and D, the Department of Communities, Child Safety and Disability Services will				ild Safety an	d Disability Services will		
			the Handler Card Issue Number to the approved trainer, who will				
amugand tha Hamallan Canal lagua Numahan ta tha amanaya ditaria an unit a unit analamant analamant in the confidence	orwa	ard th	the Handler Card issue Number to the approved trainer, who w	ııı sena relev	rant lexcel and lipeg files to		



SSQ [_Card.Services (cardservices@smartservice.qld.gov.au] to obtain the relevant Handler Identity Card/s.