

# ASSISTANCE & THERAPY ANIMALS

## Application

The information you provide on this form will be used to process and assess your application to be accompanied at College by an assistance or therapy animal. For more information please see our [Assistance and Animal Therapy Application privacy notice](#) (available on the NESCOL website). Completed forms should be returned to [studentsupport@nescol.ac.uk](mailto:studentsupport@nescol.ac.uk).



### STUDENT DETAILS

Name:

Telephone:

Address:

Student ID Number (if known):

Course:

Campus:

### ANIMAL DETAILS

Name:

Type:

Insurance Company:

Policy Number:

#### Assistance Dogs Only

**With which ADUK member organisation is your dog trained?** Please provide full details including ADUK registration.

#### Therapy Animals Only

Reason for having therapy animal:

Medical evidence provided:

Yes

No

Please note that we require you to provide medical evidence stating why an animal is required before a decision can be made on your request. Completed forms and evidence should be returned to [studentsupport@nescol.ac.uk](mailto:studentsupport@nescol.ac.uk).

### For Office Use Only

Application considered by:

Date:

Decision authorised by:

Date:

Reason accepted or declined: