

Patrons:  
 The Lord Astor of Hever DL  
 Maj-Gen John Badcock CB MBE DL  
 Archie Norman  
 Jenny Seagrove  
 Vicky Payne BVetMed MRCVS

## APPLICATION TO HELP ESSW



Name:					
Address:					
Postcode:		Phone:		Email:	
Your age group:	Under 25	26/40	41/65	66/75	75+
Are you willing for a Coordinator to visit you and explain the procedures and the work?      Yes      No					
I can offer help with: Fostering		Dog assessments		Home checks	
Fund raising		Administration tasks		Secretarial tasks	
				Transporting IT/Web tasks	

***If applying to help with fostering, please complete the following section***

Composition of family living at home, including ages		
Who would be responsible for exercising/training the foster dog?		
Have you had a dog previously or currently?	YES/NO	<i>If yes, what breed, age and sex, and are they neutered?</i>
Do you have experience of ESS and their needs?	YES/NO	
Do you have any other pets?	YES/NO	<i>If yes, what are the other pets?</i>
Is someone at home all day?	YES/NO	<i>If no, for how long will the dog be left alone?</i>
Are there any sheep, cattle or poultry nearby?	YES/NO	<i>If yes, give details</i>
Do you have a preference for:	Dog Minimum age _____	Bitch Maximum age _____
		Either _____
Veterinary Practice name: Address:  Postcode:    Phone: <i>May be used as a reference and to set up an ESSW account for treatment during fostering</i>		
Any other details/information you think would be useful.		

Signature ..... Date .....

*Please return form to Sandy Waldon - [natcoord@essw.co.uk](mailto:natcoord@essw.co.uk)*