

CLIENT PARTICIPANT APPLICATION FORM

Please make sure you fill in this form clearly, using BLOCK CAPITALS, and return it to the **RDA Group address** below



RDA Group Name	The Brae Riding for the Disabled
Charity Number	SCO30005
Group Contact Name	Please send forms to The Brae RDA Administrator
Contact Address to which the completed application form should be sent	1 Linlathen Grove Dundee, DD5 3GL
Contact Email Address	admin@brae.org.uk
Contact Telephone	01382 776880 or 07885851881 (Tues-Sat 8.30 -12.30)

All information provided on this form will remain strictly confidential, for use by relevant RDA personnel only, in compliance with the statutory requirements of the Data Protection Act 2018. It will be used to help us to understand any specific needs you may have and to support you. We will also use this information to contact you in relation to your activities with RDA - this may include sending you important information about your involvement in your RDA Group, or any other activities you may take part in within RDA.

PART 1 – YOUR DETAILS *(details of the participant)*

First Name/s		Last Name	
What name/ nickname do you like to be known by?		Preferred Gender Pronoun?	
Date of Birth		Gender	M / F / I identify in another way / Prefer not to say
If you are not fluent in English, which language do you use on a daily basis?			
Address			
		Postcode	
Telephone <small>*NOTE* (this should be the person we phone to discuss lessons)</small>	Home / Mobile		
Email			
If you have previously attended another RDA group, please tell us which.			
Are you joining as part of a school, college or care centre group, or similar?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, what is the name of the school, college or centre?			

PART 2 – SPECIFIC INFORMATION ABOUT YOU



Please tell us about your disability or impairment and how it affects you (to help us to understand how to support you)	
Do you have any conditions that may need special attention during your RDA activities? Is there anything else about your disability or impairment that we should be aware of, to help us to improve your RDA experience?	
In case we need to find out more about your disability and how we can support you, please provide the name and contact details of a medical professional, who knows you and is familiar with your medical condition(s)	
What is your height? (Metres)	What is your current weight? (stones/lbs)
<i>Please note that the applicant's height and weight details <u>are important in allocating a suitable horse</u>. All horses have strict weight limits which must be adhered to.</i>	

PART 3 – ADDITIONAL INFORMATION

Please tick boxes

ALLERGIES	Do you have any known allergies?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
EYESIGHT	Do you have a visual impairment, or do you have low vision?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
HEARING	Do you have a hearing impairment, or do you have hearing loss?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
WALKING/MOBILITY	Do you need any help with walking?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	Can you walk up a few steps (e.g. up a mounting block to a horse)?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	Do you use any walking aids or supports?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	Do you wear any orthopaedic appliances?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	Are you a wheelchair user?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
COMMUNICATION	Can you take weight through your feet (e.g. sitting to standing)?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	Do you understand BSL and use it to communicate yourself?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
INSTRUCTIONS	Do you understand Makaton and use it to communicate yourself?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	Would you prefer that we help you by using very simple instructions?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Regarding your answers to the above questions, please detail any additional information that you think would be helpful to us, to be able to help and support you, and give you the best experience we can					

PART 4 – DECLARATION

<ul style="list-style-type: none"> I wish to apply to join an RDA Group as a participant, and confirm that all details given on this form are true and accurate, to the best of my knowledge. I agree that should the RDA Coach require additional information on my medical condition at any time, I will provide what is needed and will be willing to obtain a medical report from a medical professional, if necessary, who is familiar with my condition/s. I understand that I may be required to pay a fee for such a report. I confirm that I will notify RDA immediately if any of the details or information provided on this form should change in any way. I recognise that this activity involves risk, and that I, the participant, must take all reasonable precautions and follow all advice properly given, at all times. I understand that horses and ponies, by nature, are unpredictable and as such they may react to a situation or to the local environment in such a way that the rider/ vaulter/ carriage driver may be unseated by accident. <p>In the absence of any negligence on the part of the RDA Group or RDA UK, I fully understand and accept that no liability will attach to either party.</p>							
PHOTOGRAPHS/ VIDEOS  		I give my consent to photographs or videos of me being taken during RDA activities for training and/or publicity (including, but not limited to, websites, social media, newsletters and marketing materials for the RDA Group and RDA UK). I give this consent understanding that these images will <u>not</u> be given to a third party without my explicit consent		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
SIGNATURE PARTICIPANT / PARENT / GUARDIAN / CARER <i>(delete as appropriate)</i>			DATE				
Emergency Contact Details		It is important that we know who to contact in case you are injured or become unwell. By ticking this box I confirm that have the consent of the person below, to be contacted in an emergency during the course of RDA activities				<input type="checkbox"/>	
Emergency Contact Name & Relationship to Applicant				Emergency Contact Number This MUST be different to number on page 1			

PART 5 – APPLICANT’S PARENT OR LEGAL GUARDIAN DETAILS & CONFIRMATION OF CONSENT TO JOIN RDA
 (if this form has been completed by a parent/ legal guardian, or if the applicant is under 18 years old)

Name		Relationship to Applicant	
Address		Postcode	
Telephone		Mobile	

RDA GROUP USE ONLY:	DATE APPLICATION RECEIVED:
APPROVED / DECLINED (delete as applicable)	
APPLICATION SUBJECT TO TRIAL PERIOD?	Y / N If yes, trial end date: _____
APPLICATION REVIEW DUE DATE (MUST BE AT LEAST EVERY 3 YEARS): _____	

We are open Tuesday to Saturday

PLEASE INDICATE ON THE TABLE BELOW THE DAYS YOU CAN ATTEND. (closed Sunday and Monday)

Tues	Wed	Thurs	Fri	Sat (am only)

PLEASE INDICATE WHICH YOU ARE APPLYING FOR: (please tick only 1 option)

	Please indicate which activity you want to attend	Availability	Price
Group Riding (max 3)		Mornings only	£15 (30 mins)
Private Lesson (1-1 with an RDA Coach)		Subject to availability – late mornings or early pm. Not Saturdays	£30 (30 mins)
Mechanical Horse (from basic to advanced riding with an RDA coach)		Usually early PM. Not Saturdays.	£20 (20 mins)

Please note we do not offer lessons in the evening or late afternoon. Closed Sunday and Monday.