**Riding for the Disabled Association**

**Incorporating Carriage Driving**

**(‘RDA’)**

Registered Company Number 5010395 Registered Charity No 244108 (England & Wales) No SC039473 (Scotland)

RDA National Training Centre, Old Warwick Road, Shrewley, CV35 7AX

**Application Form for extension of Group Activities to include Showjumping**

**Part One: [To be completed by the Regional Chairman]**

I wish to recommend the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group for extension of RDA activities to include Showjumping.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Chairman for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RDA Region]

Name of County Chairman responsible for the Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part Two:** **[Showjumping Assessor]**

I confirm that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group has completed the

appropriate criteria to add showjumping to their activities.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Showjumping Assessor for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RDA Region]

**Part Three: [To be completed and signed by two Trustees of the Group]**

We, the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group wish to apply for

extension of RDA activities to include Showjumping.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THIS FORM MUST BE ACCOMPANIED BY:**

**-A completed RDA Showjumping Group/ Coach Application Report**

**-ASSESSMENT RECORDS -** *NB: THE LEVEL AT WHICH A GROUP CAN DELIVER SHOWJUMPING IS RESTRICTED TO THE LEVEL AT WHICH THE GROUP COACH(ES) HAVE BEEN ASSESSED.*

|  |
| --- |
| **PLEASE RETURN TO T& E Department AT RDA NATIONAL OFFICE, WITH ALL COMPLETED AND SIGNED ASSESSMENT PAPERWORK AS SOON AS POSSIBLE AFTER APPROVAL,****IN ORDER TO COMPLETE THE REGISTRATION PROCESS.** |