

# NON RIDDEN PARTICIPANT APPLICATION FORM

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



This section must be completed by the RDA Group, before the form is given to the applicant

<b>RDA Group Name</b>	
<b>Charity Number</b>	
<b>Group Contact Name</b>	
<b>Contact Address</b> to which the completed form should be sent	
<b>Contact Email Address</b>	
<b>Contact Telephone Number</b>	

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)*

<b>First Name/s</b>		<b>Last Name</b>	
<b>What name/ nickname do you like to be known by?</b>		<b>Preferred Pronouns?</b>	
<b>Date of Birth</b>		<b>Sex</b>	<b>M / F / I identify in another way / Prefer not to say</b>
<b>If you are not fluent in English, which language/s do you use on a daily basis?</b>			
<b>Address</b>			
		<b>Postcode</b>	
<b>Telephone</b>		<b>Mobile</b>	
<b>Email</b>			
<b>Are you joining as part of a school, college or care centre group, or similar?</b>			<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
<b>If YES, what is the name of the school, college or centre?</b>			

## PART 2 – SPECIFIC INFORMATION ABOUT YOU *(The participant)*

<b>Please tell us about your disability or impairment</b> and how it affects you (to help us to understand how to support you)
<b>Do you have any conditions that may need special attention during your RDA activities?</b> Is there anything else about your disability or impairment that we should be aware of, to help us to improve your RDA experience?
<b>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)</b>


## PART 3 – ADDITIONAL INFORMATION

<b>ALLERGIES</b>	Do you have any known allergies?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
<b>EYESIGHT</b>	Do you have a visual impairment, or do you have low vision?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
<b>HEARING</b>	Do you have a hearing impairment, or do you have hearing loss?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
<b>WALKING/MOBILITY</b>	Do you need any help with walking?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
	Do you use any walking aids or supports?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
	Do you wear any orthopaedic appliances?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
	Are you a wheelchair user?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
	Can you take weight through your feet (e.g. sitting to standing)	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
<b>COMMUNICATION</b>	Do you understand BSL and use it to communicate yourself?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
	Do you understand Makaton and use it to communicate yourself?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
<b>If you have answered YES to any of the above questions, please detail any additional information that you think would</b>					

be helpful to us, to be able to help and support you, and give you the best experience we can

**PART 4 – DECLARATION**

- I wish to apply to join an RDA Group as **non-riding 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 group 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 is hazardous.
- 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><b>PHOTOGRAPHS/ VIDEOS</b></p> 	<p>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</p>	<p><b>YES</b></p>	<input type="checkbox"/>	<p><b>NO</b></p>	<input type="checkbox"/>
<p><b>SIGNATURE</b></p>	<p>.....  <b>PARTICIPANT / FAMILY MEMBER / CARER</b>  <i>(please delete as appropriate)</i></p>	<p><b>DATE</b></p>			

<p><b>Emergency Contact Details</b></p>	<p>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</p>	<input type="checkbox"/>	
<p><b>Emergency Contact Name &amp; Relationship to Applicant</b></p>		<p><b>Emergency Contact Number</b></p>	

**PART 5 – APPLICANT’S FAMILY / CARE PERSON 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)

<p><b>Name</b></p>		<p><b>Relationship to Applicant</b></p>	
<p><b>Address</b></p>			<p><b>Postcode</b></p>
<p><b>Telephone</b></p>		<p><b>Mobile</b></p>	

<p><b>RDA GROUP USE ONLY:</b></p>	<p><b>DATE APPLICATION RECEIVED:</b> _____</p>
<p><b>APPLICATION</b></p>	<p><b>APPROVED / DECLINED</b> (delete as applicable)</p>
<p><b>APPLICATION SUBJECT TO TRIAL PERIOD?</b></p>	<p><b>Y / N</b>                      <b>If yes, trial end date:</b> _____</p>