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 complete	ed by the RDA Group, before the form is given to the applicant
RDA Group Name	
Charity Number	
Group Contact Name	
Contact Address to which the completed application form should be sent	
Contact Email Address	
Contact Telephone Number	

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/ nick	name do you like to be known by?				Preferred Pre	onouns?		
Date of Birth			Sex	M / F / I	identify in and	ther way	/ Prefer not	to say
If you are not f	If you are not fluent in English, which language/s do you use on a daily basis?							
Address								
			Posto	ode				
Telephone			Mobi	e				
Email								
Do you have an	y previous experience of riding	or carriag	e drivi	ng at an Rl	DA Group?	YES	NO	
If YES, what is the RDA Group's name?								
Are you joining as part of a school, college or care centre group, or similar? YES NO								
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 imp	airment and how it affects you (to help us to unders	stand how to support you)
Do you have any conditions that may nee	d special attention during your RDA activities?	
	mpairment that we should be aware of, to help us to	improve your RDA
experience?	. , .	. ,
	our disability and how we can support you, ple	
and contact details of a medical profession	onal, who knows you and is familiar with your n	nedical condition(s)
What is your height?	What is your current weight?	
	ight details will be used discreetly by the group's coac	ch, to assess the suitability
of available horses or ponies		

PART 3 – ADDITIONAL INFORMATION

ALLERGIES	Do you have any known allergies?	YES	NO
EYESIGHT	Do you have a visual impairment, or do you have low vision?	YES	NO
HEARING	Do you have a hearing impairment, or do you have hearing loss?	YES	NO
	Do you need any help with walking?	YES	NO
	Can you walk up a few steps (e.g. up a mounting block to a horse)	YES	NO
WALKING/MOBILITY	Do you use any walking aids or supports?	YES	NO
	Do you wear any orthopaedic appliances?	YES	NO
	Are you a wheelchair user?	YES	NO
	Can you take weight through your feet (e.g. sitting to standing)	YES	NO
	Do you understand BSL and use it to communicate yourself?	YES	NO
COMMUNICATION	Do you understand Makaton and use it to communicate yourself?	YES	NO
INSTRUCTIONS	Would you prefer that we help you by using very simple instructions?	YES	NO

PART 4 – DECLARATION

- 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 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.

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		NO	
SIGNATURE	PARTICIPANT / PARENT / GUARDIAN / CARER (please delete as appropriate)	DATE			
F inancial It is in	nportant that we know who to contact in case you are injured or be	come unv	vell. By tid	cking this	

Emergency Contact Name & Emergency Contact Number				
Emergency Contact Details				

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			
Adduces				
Address	Postcode			
Telephone	Mobile			

RDA GROUP USE ONLY:	DATE APPLICATION RECEIVED:			
APPLICATION	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):				