

RIDING HOLIDAY APPLICATION FORM 2019

CONFIDENTIAL

Please return this form to the organiser of your first choice holiday.

Application closing dates are listed on the brochure.



Name of Holiday.	.....
Did you apply for a place on a National Holiday last year?	YES / NO
If YES, were you accepted? (Not every application is successful)	YES / NO

A YOUR DETAILS	
1 Name	Mr / Mrs / Miss
2 Home Address including post code	..... ..... ..... Postcode
3 E-mail address	.....
4 Telephone Number	.....
5 Date of Birth (DD/MM/YYYY) / /
6 Height and Weight:	Height: m Weight: Kg
7 RDA Group	.....
8 Guardian/Next of Kin	Name: Mr / Mrs / Miss.....
9 Address (if different from above)	..... ..... ..... Postcode
10 E-mail address	.....
11. Telephone number	Day: / Evening:

B PERSONAL INFORMATION (to be completed by you or your parent/guardian/carer)		
1 Full description and degree of all disabilities and medical conditions. (including balance, hearing, sight, speech and understanding)		
2 Special care needed and frequency of care (any condition that may call for special attention MUST BE INDICATED HERE) (eg: Asthma; Diabetes; Infectious diseases, incontinence/bed-wetting, epilepsy, etc)		
3 Your Medication - Regular (eg for diabetes, epilepsy, etc)		
<u>Name of Drug</u>	<u>Dose</u>	<u>How often / When</u>
4 Your Medication - Occasional (eg for asthma, hay fever, migraine, etc)		
<u>Name of Drug</u>	<u>Dose</u>	<u>How often / When</u>
PLEASE PROVIDE AN UP-TO-DATE PRESCRIPTION COUNTERFOIL OBTAINABLE FROM YOUR DOCTOR'S SURGERY		
5 Allergies Are you allergic to any medication, food or animals? If so, what?		
<u>Animals</u> (eg cats, dogs etc)	<u>Medication</u>	<u>Food</u> (eg peanuts, eggs etc)
6 Do you use a wheelchair?	YES / NO	
If YES will you bring your own?	YES / NO	
What type do you use?	ELECTRIC / MANUAL	
How wide is it?	.....
7 Disability:	.....
Special equipment used:	YES / NO	
Will this be brought with the rider?	.....
Do you wear apparatus - details:	YES / NO	
May this be removed for riding?	YES / NO	
8 Assistance with day to day activities	If you need assistance with day to day activities (e.g. walking, dressing, toilet, washing, feeding etc.), please ensure that you bring someone with you who can assist you with these tasks. RDA Holiday Volunteers will not be able to help you.	

9 Diet (Please give details of any dietary requirements or dislikes)	
10 Sundry	
Do you smoke?	YES / NO - If yes please note most holidays are based on sites that have a no smoking policy in place.
Do you suffer from travel sickness?	YES / NO
Can you swim?	YES / NO
Do you need buoyancy aids?	YES / NO
Have you any fear of cats, dogs or other animals?	

11 Name of Doctor	.....
Address	..... ..... ..... Postcode
Telephone Number	.....

If additional health or behavioral problems occur near the time of the holiday, **please advise the Holiday Organiser** (or the Holidays Coordinator at RDA National Office). If there is a change in medication **please also supply an updated prescription counterfoil.**

12 **Do you agree to photos being taken on the holiday and potentially being used for publicity?**
 Yes **No**

C SIGNATURES – IF APPLICABLE A CERTIFICATE OF INCAPACITY IS ACCEPTABLE

1 To be completed by an Adult Rider (18 years of age and over) or Carer where applicable

I AUTHORISE THE HOLIDAY ORGANISER TO GIVE PERMISSION FOR ME TO HAVE ANY SURGICAL TREATMENT THAT MAY BECOME NECESSARY IN THE CASE OF AN EMERGENCY, IF MY NEXT OF KIN CANNOT BE CONTACTED IMMEDIATELY

Signature (Rider/Carer) Date

2 To be completed by a Parent/Guardian (if applicant is under 18 years of age or unable to understand this form)

I AGREE TO GOING ON A RIDING HOLIDAY AND AUTHORISE THE HOLIDAY ORGANISER TO GIVE PERMISSION FOR ANY SURGICAL TREATMENT THAT MAY BECOME NECESSARY IN THE CASE OF AN EMERGENCY, IF I CANNOT BE CONTACTED IMMEDIATELY

Signature(Parent/Guardian) Date

NB THE PERSON WHO HAS SIGNED IN BOX 1 OR 2 ABOVE CONFIRMS THAT THEY WILL IMMEDIATELY ADVISE RDA IF ANY OF THE INFORMATION PROVIDED IN THIS FORM, OR THE ACCOMPANYING LETTER CHANGES IN ANY WAY.

3 To be completed by the Group Chairman or another Trustee (who is NOT the Coach)

I BELIEVE THAT HAS HAD SUFFICIENT EXPERIENCE AND IS SUITABLE FOR ACCEPTANCE

Signature Date

Name (please print)

Address

..... Post Code

Telephone Number E-mail

PLEASE NOTE THAT THIS FORM MUST BE ACCOMPANIED BY TWO LETTERS:

Of the following list, two people must write a letter which includes a brief description of the applicant's personality, ability etc., the reason why they are considered suitable to take part in a riding holiday and any personal problems that might affect the rider when away on holiday.

- Teacher
- Social Worker or Physiotherapist
- Parent/guardian/relative
- Your riding/driving Instructor

Please add any relevant information that will help the Holiday Organiser.

SUPPLEMENT TO RIDING HOLIDAY APPLICATION FORM

Riding Ability - to be completed by the Group Coach

1 Name of Rider:

2 RDA Group:

NB If possible, the rider **must** bring on holiday a well-fitting hat that conforms to the **current safety specifications/ standards as outlined on the RDA website**, and suitable footwear (i.e. with a heel)

3 RIDING ABILITY (Please tick box or circle as appropriate)

(a) Mounting (Please supply additional information if applicable)	Independent	1 side Helper	2 Side helpers
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	Independent	A Leader	1 Sidewalker	2 Sidewalkers	
(b) Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Trot - sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does not trot <input type="checkbox"/>
(d) Trot - rising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does not rise to trot <input type="checkbox"/>
(e) Canter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does not canter <input type="checkbox"/>

(f) **Has the rider ridden out:**

Independently	YES / NO	Led from another horse	YES / NO
Led on foot	YES / NO	On uneven ground	YES / NO
Through woods	YES / NO		

(g) Any special requests about type of mount?	Wide <input type="checkbox"/>	Very steady <input type="checkbox"/>
	Narrow <input type="checkbox"/>	More active <input type="checkbox"/>

(h) **Previous riding experience**

(i) How long on average would the rider be able to ride for each day?	..... hours minutes
(ii) Date rider last rode with you?/...../.....
(iii) Does this rider ride frequently?	.....

(i) Please give details of any riding holidays previously attended by the rider

(j) Any other information that you feel may be relevant, **including Height and Weight of the rider.**

Group Instructor Signature: Date

Name (please print)

Address

..... Post Code

Telephone No E-mail

SUPPLEMENT TO RIDING HOLIDAY APPLICATION FORM

HELPER / COMPANION

If applicable:

Please ask your Helper who will accompany and care for you on your holiday to complete the following:

Name of Helper	.....
Age	.....
Address	..... ..... Postcode
Telephone No	.....
Email Address	.....

Are you a smoker?	YES / NO - If yes please note most holidays are based on sites that have a no smoking policy in place.
Special Dietary Requirements	
Are you a member of an RDA Group?	YES / NO
If YES please name the Group	.....
Have you a current first-aid certificate?	YES / NO
Do you hold an up to date RDA Volunteers Basic Training Card (Greencard)?#	YES / NO
On some holidays there may be limited accommodation. Are you prepared to share a room with your disabled rider if necessary?	YES / NO

Signature of Helper / Companion	.....
Date/...../.....
If you are unable to come on the Holiday at the last minute please let us have details of the replacement Helper / Companion	
Name	Address
Phone number .....	.....
E-mail address .....	.....
Signature of Replacement Helper/Companion	.....
Date/...../.....