

PARTICIPANT APPLICATION FORM

Please make sure you fill in this form fully and clearly returning it to the **Contact Email Address** below in Microsoft Word or PDF Format.



**A Member
Group of**



RDA Group Name	Thornton Rose RDA
Charity Number	SCIO 28617
Group Contact Name	Helena Wood, Participant Coordinator
Group Address	Thornton Rose Riding for the Disabled, Thornton Farm, Rosewell, Midlothian EH24 9EF
Contact Email Address to which the completed application form should be sent	info@thorntonroserda.org.uk

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 – APPLICANT DETAILS

First Name/s				Last Name			
What name/nickname do you like to be known by?						Preferred Pronouns?	
Date of Birth				Gender			
If you are not fluent in English, which language/s do you use daily?							
Address							
				Postcode			
Do you have any previous experience of riding or carriage driving at an RDA 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?							
RDA Session Availability (please indicate which day/s you would be available to attend sessions – sessions are run between the listed timescales)				Saturday (09:30-13:30)		Wednesday (08:30-14:40)	
What activities do you wish to be involved in? (Tick one or both options)				Ridden Sessions		Non-Ridden Sessions	

PART 2 – CONTACT DETAILS

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This information will be used to contact you regarding the status of the application.

Full Name	
Relationship to Applicant	
Email	

PART 3 – SPECIFIC INFORMATION ABOUT YOU

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

Do you have any medical conditions we should be aware of? (e.g. allergies, asthma, etc.)	
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).	
Applicant height?	
Applicant weight?	
<i>Please note that the applicant's height and weight details will be used discreetly by the group's coach, to assess the suitability of available horses or ponies.</i>	

PART 4 – ADDITIONAL INFORMATION

		✓	✓
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
Walking/Mobility	Do you need any help with walking?	YES	NO
	Are you able to walk a few steps (e.g., up a mounting block to a horse)	YES	NO
	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
Communication	Are you unable to take weight through your feet (e.g., sitting to standing)	YES	NO
	Do you understand BSL and use it to communicate yourself?	YES	NO
Instructions	Do you understand Makaton and use it to communicate yourself?	YES	NO
	Would you prefer that we help you by using very simple instructions?	YES	NO
If you have answered YES to any of 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 5 – 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. 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 myself/applicant 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 APPLICANT / PARENT / GUARDIAN / CARER <i>(Please delete as appropriate)</i>	DATE	

PART 6 – EMERGENCY CONTACT INFORMATION

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 I have the consent of the person below, to be contacted in an emergency during RDA activities.		<input type="checkbox"/>
Emergency Contact Name		Emergency Contact Number	
Relationship to Applicant			

PART 7 – 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	

PART 8 – THORNTON ROSE RDA USE ONLY

Date Application Received			
Application Status			
Application Subject to Trial Period? (Y/N)		Justification/Comments	
Application Review Date			