**APPLICATION FORM FOR RIDERS, VAULTERS AND CARRIAGE DRIVERS**

**(PLEASE USE BLOCK CAPITALS AND RETURN TO GROUP ADDRESS BELOW)**

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| To be completed by RDA group before being given to applicant |
| **GROUP NAME** | **Broadlands Group RDA** |
| **CHARITY NO** | **1170398** |
| **CONTACT NAME** | **Jacky Nuth** |
| **ADDRESS** | **Lower Paice Lane, Medstead, GU34 5PX** |
| **EMAIL** | **office@broadlandsgrouprda.org.uk** |
| **TEL NO** | **01420 375767** |

All information will remain confidential, for use by RDA only. All the information you provide will enable us to contact you in relation to your activities with RDA. This may include sending you important information, which relate specifically to your involvement in your group or any other activities you may take part in within RDA.

**1** YOUR DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| First Name | Click or tap here to enter text. | Last Name  | Click or tap here to enter text. |
| Date of Birth | Click or tap here to enter text. | Gender | Click or tap here to enter text. |
| Address | Address1Address2Town |  |
| Postcode | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |
| Telephone Number | Click or tap here to enter text. | Mobile Number | Click or tap here to enter text. |
| Riding/Carriage Driving | Do you have any previous experience with an RDA Group?If YES, what is the Group’s name? | Choose an item. |
| Click or tap here to enter text.  |
| School/Training Centre | Are you joining as part of a School or Training Centre? | Choose an item. |
| If YES, what is the School/Centre name, contact and phone number? | Click or tap here to enter text.  |

## 2 SPECIFIC INFORMATION ABOUT YOU

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| What is your disability, condition or diagnosis? |
| Click or tap here to enter text. |
| Are you on any medication that may cause side effects during your time at RDA? If so, what is the medication and potential side effect(s)? |
| Click or tap here to enter text. |
| What, if any, conditions do you have that may need special attention during your activities with RDA? (It is the applicant’s responsibility to ensure that we have knowledge of all issues that might pose a problem) |
| Click or tap here to enter text. |
| Please provide name and contact details of a Medical Professional who knows you and your medical conditions: |
| Click or tap here to enter text. |
| Height | Click or tap here to enter text. | Weight | Click or tap here to enter text. |

##  3 ADDITIONAL INFORMATION

|  |  |  |
| --- | --- | --- |
| Speech | Do you have problems with speech? | Choose an item. |
| Eyesight | Do you have problems with eyesight? | Choose an item. |
| Do you wear glasses / contact lenses? | Choose an item. |
| Hearing | Do you have difficulty with hearing? | Choose an item. |
| Do you wear a hearing aid? | Choose an item. |
| Instructions | Do you have difficulty understanding instructions? | Choose an item. |
| Walking | Do you need help walking? | Choose an item. |
| Do you use walking aids? | Choose an item. |
| Do you wear orthopedic appliances? | Choose an item. |
| Do you use a wheelchair? | Choose an item. |
| Would weight-bearing be a problem? | Choose an item. |
| **If you have answered ‘Yes’ to any of the above, please give any additional information that you think would be useful for the RDA Group:**Click or tap here to enter text. |

## 4 DECLARATION

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| * I wish to apply as a rider/vaulter/carriage driver of an RDA Group and confirm that all details given are accurate, to the best of my knowledge.
* I agree that should the Group Coach require additional information on my medical condition, at any time, I will provide what is required and be willing to get a medical report from a Medical Professional who is familiar with my condition if necessary. I understand that I may be required to pay a fee for such a report.
* I confirm that I will advise you immediately if any of the information provided on this form changes in any way.
* I recognise that this activity involves risk and that I, the rider/vaulter/carriage driver, should take all reasonable precautions and follow all advice properly given.
* I understand by nature horses are unpredictable and that means they may react to a situation or to the local environment in such a way that a rider/vaulter/carriage driver may be unseated in an accident.

In the absence of any negligence on the part of the RDA or the Group, I accept that no liability will attach to either of them. |
| Photos/Videos | I give consent to my photograph being taken during RDA activities for training and/or publicity (including websites, social media, newsletters and marketing materials for the group and RDA UK). I give this consent acknowledging the photos will not be given to a third party without my explicit consent. |[ ]
| Signature | Click or tap here to enter text.Choose an item. (select as appropriate) | DateClick or tap here to enter text.  |

## 5 APPLICANT’S PARENT OR LEGAL GUARDIAN CONFIRMATION OF CONSENT TO JOIN RDA

(if the form has been completed by a parent/legal guardian or the applicant is under 18 years old)

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Click or tap here to enter text. | Relationship to Applicant | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | Home Number  | Click or tap here to enter text. |
| Mobile Number  | Click or tap here to enter text. |
| Postcode | Click or tap here to enter text. |
| **Emergency Contact Details**  If you do start riding at RDA. It’s important we know who to contact in case you are injured or become ill.[ ] By ticking this box I confirm that I have consent of the individual listed above to be contacted in the case of an emergency during the course of RDA activities.  |
| **Emergency Contact Name & relationship to the applicant.** | Click or tap here to enter text. | **Emergency contact number**  | Click or tap here to enter text. |

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| **RDA Group Use:** Date Application Received: Click or tap here to enter text.Is application approved or declined? Choose an item.  |
| Is Approval Subject to Trial Period? Choose an item. If Yes - Trial End Date:Click or tap here to enter text. |
| **APPLICATION REVIEW DATE** (At least every 3 years) Click or tap here to enter text. |

Completing this form electronically, signing with your name and returning from your email address confirms it is you.