

| RIDER REFERRAL | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|--|--------|-----------------|--------|--|
| Request for Rider to Participate in an RDA Programme | | | | | | | |
| To - Group name | | Marlborough Riding for the Disabled | | | | | |
| Referral made by: | | | | | | | |
| Name | | | | | Phone/ Email | | |
| Organisation name | | | | | Title | | |
| Signature | | | | | Date | | |
| RIDER INFORMATION | | | | | | | |
| <i>This information is required to enable the RDA Group to consider whether they are able to accept the prospective Rider into their RDA programme. All information supplied will be considered confidential, and stored and used in accordance with the Privacy Act 2020.</i> | | | | | | | |
| Name | | | | | | | |
| Address | | | | | | | |
| Phone: | | | | Email: | | | |
| DoB | | Gender | | Height | | Weight | |
| Reason for referral | | | | | | | |
| Disability/ Health Condition/ Other information | | | | | | | |
| What would you like to achieve from attending RDA? | | | | | | | |
| Rider/Caregiver to complete | | | | | | | |
| I understand that; <ul style="list-style-type: none"> • This information is required to enable the RDA Group to consider suitability to participate in an RDA programme. • If accepted, further medical or educational information can be supplied for safety and planning purposes. • Final acceptance will be at the discretion of the RDA Group, after consultation with other relevant people where necessary, and that referral does not guarantee entrance into a riding programme. | | | | | | | |
| Rider/Parent/ Caregiver/ Legal Guardian name | | | | | Date | | |
| Signature | | | | | Phone | | |