Participant Application Form– Individuals

Please complete this form in full and return it to the RDA Group.

The information you provide will be kept strictly confidential and used only by the relevant RDA Group, in accordance with the Data Protection Act 2018. Your details will help us to understand any specific needs you may have so that we can provide the right support. We may also use your contact information to keep you updated about your activities with RDA, including important updates relating to your involvement with your RDA Group.

Who is filling in the form (please circle)	Participant/ Parent / Guardian/ Carer

Part 1 – Your Details (Participant) – **Required**

Participant First Name/s		**Last Name**	
What name/ nickname do you like to be known by?		**What are your preferred pronouns?*** (please circle)	
Date of Birth		**Sex**	M / F / I identify in another way / Prefer not to say
If you are not fluent in English, which language(s) do you use every day?			
Your Address			
		Postcode	
Telephone		**Mobile**	
Email			
Please tick if you have had any experience of Riding ☐ Carriage Driving ☐ Vaulting ☐ at all or at another RDA Group?			

*A pronoun replaces a person's name or how they wish to be referred to such as 'I', 'you', 'he', 'she', 'we', 'they', 'us', 'them'.

Part 2 – Specific Information About You – Required

Q1: Please tick ✓ all that applied. The RDA group will be in touch and may request more information			
Do you have any Allergies we need to be aware of?	☐	Are you an Autistic individual?	☐
Do you have any known triggers - physical, emotional or environmental, that we should be mindful of to support you during your session?	☐	Would you prefer that we help you by using very simple instructions?	☐
Do you have a learning disability?	☐	Are you Neurodiverse?	☐

Are you sensitive to strangers/crowds?	☐	Are you sensitive to light, temperature, noise, clothing/hats?	☐
Do you experience anxiety, depression or low mood?	☐	Do you experience panic attacks?	
Do you have difficulty with speech or making yourself understood?	☐	Do you use any communication system to communicate, such as Makaton, PECS, (AAC Scotland)?	
Do you wear a hearing aid?	☐	Do you have a cochlear implant?	
Do you use BSL to communicate	☐	Are you Blind?	
Are you partially sighted (that cannot be corrected by glasses or lenses)	☐	Do you have dexterity difficulties?	
Do you have problems with balance?	☐	Can you take weight through your feet (e.g. sitting to standing)?	
Do you need any help with walking?	☐	Can you walk up a few steps (e.g. up a mounting block to a horse)?	
Are you a wheelchair user?	☐	Do you use any walking aids or supports?	
Do you wear a Prosthetic limb	☐	Do you experience long term pain?	
Difficulties with breathing or stamina?	☐	Do you have Epilepsy? Is it controlled by medication?	
Q2: Please tell us about your disability or medical condition and how it affects you, especially if you've ticked any of the boxes above. It's also helpful for us to know about any medication you take and how it may affect you, so we can provide the right support.			

What is your height?		cms/ ft & in (please circle)	**What is your weight?**		kg/ st & lb

Why do you need my height and weight? We need these details to ensure a suitable equine match in line with our welfare policies. This information is confidential and managed by the group's coach. Regular checks will take place once mounted /driving activities begins – see guidance for details.

Part 3 – Additional Information

Are you interested in competing?	**Yes**		**No**	

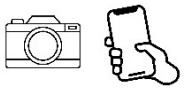
The Classification System is designed to enable disabled riders to compete on equal terms against each other. This may not be relevant for non-ridden activity.

Have you been classified?	**Yes**		**No**	
If yes what is your classification?			Date given	

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 give consent of the person below to be contacted in an emergency during the course of RDA activities.		☐
Emergency Contact Name & Relationship to Applicant		**Emergency Contact Number**	

Part 4 – Declaration – Required

- I/they wish to join an RDA Group as a participant and confirm that the information provided on this form is true and accurate to the best of my knowledge.
- I agree to provide any additional details about medical conditions if requested by the RDA Coach. If required, I will obtain a medical report from a professional familiar with the condition and understand that I may be responsible for the cost of this report.
- I/they will notify RDA immediately of any changes to the details or information given on this form.
- I/they understand that all horse-related activities carry inherent risks. I agree to take all reasonable precautions and follow the advice and instructions given at all times. I also understand that horses and ponies can be unpredictable and may react in ways that could cause accidental falls or other incidents. In the absence of negligence by the RDA Group or RDA UK, I accept that they cannot be held liable for such events.
- **For vaulting participants only:** I/they understand the risks involved in taking part in activities on the barrel or horse without wearing a hat. I recognise that this activity involves risk and will take all reasonable precautions and follow advice given. If I choose, or am required, to wear a hat, I understand the associated risks.

Photographs/ Videos 	I give my consent for photographs or videos of me to be taken during RDA activities. These may be used for training or publicity purposes, including websites, social media, newsletters, and marketing materials for the RDA Group and RDA UK. **I understand that these images will not be shared with any third party without my explicit consent.** I also consent to be sent RDA newsletters and updates from the group.	**YES** ☐	**NO** ☐

Signature: Participant/Parent/Guardian/ Carer (please circle/delete as appropriate). If signing on behalf of a participant under 18, you are confirming the above declaration.		**Date**	

Part 5 – Applicant's Parent or Legal Guardian Details & Confirmation of Consent to Join RDA – Required
(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**	

RDA Group Use Only:

RDA Group Name: _Buckenham House_____

Contact Telephone Number:_____01953 888904_____

Date Application Received: _____

Application: Approved / Declined (delete as applicable)

If declined, why:

Application subject to trial? Y / N

If Yes, trial end date:

Next review date:

Participant review - Must be at least every 3 years (or sooner if there are any changes to the information above)