



RIDER REFERRAL								
Request for Rider to Participate in an RDA Programme								
To - Group name								
Referral made by:								
Name					Phone			
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								
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								
<p>I understand that;</p> <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			