



# Application Form for Riders and Carriage Drivers

(Please use BLOCK CAPITALS) updated January 2020.

Group Name: \_\_\_\_\_ (Riding/Carriage Driving)

Confidential information for use by relevant RDAI personnel only. Applicants should note that this information may be stored on a computer system and the form will be held securely in Group records. Data protection is important to us.

RDAI reserves the right to refuse participation for any Rider or Carriage Driver in Group activities on the grounds of health and safety at any time.

If you are under 18 years of age or someone else normally completes paperwork for you, it should be completed and signed on your behalf by parent or guardian.

This form should be updated every 3 years. **Next Review Due:** \_\_\_\_\_

## Section 1 - Applicant Details

Name:		D.O.B:	
Address:			
Tel. No:		Mobile No:	

## Section 2 - Personal Information

Height:		Weight:	
---------	--	---------	--

*(Please circle your answer below)*

Speech	Do you have problems with speech?	Yes	No
Eyesight	Do you have problems with eyesight?	Yes	No
	Do you wear glasses/contact lenses?	Yes	No
Hearing	Do you have difficulty hearing?	Yes	No
	Do you wear a hearing aid?	Yes	No
Instructions	Do you have difficulty understanding simple instructions?	Yes	No
Mobility	Do you need help with walking?	Yes	No
	Do you use walking aids?	Yes	No
	Do you wear splints?	Yes	No
	Do you use a wheelchair?	Yes	No
Do you have any previous experience with an RDAI Group:		Yes	No
If Yes, please tell us where and when:			

***Please give any other information that you think might be useful and be sure to notify RDAI of any changes in your condition:***

### Section 3 - Medical Information

This **does not** constitute consent. This should be completed by a Medical Doctor who is familiar with and understands your medical condition

Details of specific disabilities:

Please put an X beside any special conditions that we should be made aware of:

Asthma		Allergies		Autism	
ADHD		Balance problems		Circulation problems	
Diabetes		Epilepsy		Lack of sensation	
Heart Conditions		Other (please give details)			

Atlanto Axial Instability (for Down's syndrome only) has rider/driver been screened: **Yes / No**

#### Details of Medical Doctor (as per section 3 above)

Name:		Stamp:	
Address:			
Phone No.			
Signed:		Dated:	

#### Section 4 – Applicant's school/training centre (if applicable)

Name of school or training centre:

Address:

Contact Person:

Phone No.

#### Section 5 - Parent or Guardian

Name:

Phone No:

Address:

#### Section 6 – General Data Protection Regulation (GDPR)

Because RDAI is collecting personal data from you, it is required by GDPR to provide you with specific information outlining how your data will be protected. This information is set out in RDA Ireland's Privacy Policy which is located under Governance at [www.rdaireland.org](http://www.rdaireland.org). RDAI also takes this opportunity to draw your attention to its Data Protection Policy, which is also located in the same section of its website.

#### Section 7 - Declaration

I wish to join the Group as a rider/carriage driver and agree that the details of my medical history may be disclosed by my medical professionals within RDAI only. 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/Carriage Driver, should take all reasonable precautions and follow all advice given. I accept that no liability will be attached to RDAI or the Group.

I agree to show respect at all times to the members of the RDAI Group, and to the horses used by them. I agree that my details may be held by RDA Ireland in accordance with GDPR.

Do you agree that photographs /video taken during Group activities may be used for training /publicity purposes?

Yes

No

Signed:

Dated:

Signed:

(Parent/Guardian)

Dated: