



NZRDA

New Zealand Riding for the Disabled

RIDER REFERRAL				
Request for Rider to Participate in an RDA Programme				
To - Group name	Totara Park RDA Inc. P.O. Box 39191, Howick, AKL 2145 Email: totarapark.rda@gmail.com			
Referral made by Specialist:				
Specialist Name		Phone/ Email		
Specialist contact details		Role		
Specialist 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 1993.</i>				
Name				
Address				
Age		Height		Weight
Therapeutic needs				
Other information				
Long term goals				
Short term goals				
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/ Guardian name		Date		
Signature		Phone/ Email		