|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| RIDER REFERRAL  Request for Rider to Participate in an RDA Programme | | | | | | | | | | |
| Return to: | | The Secretary. Totara Park RDA Inc. P.O. Box 39191, Howick, AKL 2145  Email: totarapark.rda@gmail.com | | | | | | | | |
| Referral made by Specialist/School/Other | | | | | | | | | | |
| Name | |  | | | | Role | | |  | |
| Email | |  | | | | Phone | | |  | |
| Signature | |  | | | | Date | | |  | |
| RIDER INFORMATION  *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.* | | | | | | | | | | |
| Name | |  | | | | | | | | |
| Address | |  | | | | | | | | |
| Date of Birth | |  | Height |  | | | Weight | | |  |
| Diagnosis | |  | | | | | | | | |
| Mobility | |  | | | | | | | | |
| Other information/  precautions | |  | | | | | | | | |
| What benefits do you think RDA can offer? | |  | | | | | | | | |
| Rider/Caregiver to complete | | | | | | | | | | |
| I understand that;   * This information enables the RDA Group to consider suitability to participate in an RDA programme. * If accepted, further medical or educational information may be needed 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 this referral does not guarantee entrance into a riding programme. | | | | | | | | | | |
| Name: Rider /  Parent/ Caregiver |  | | | | Signature | | |  | | |
| Date: | Ph: | | | | Email | | |  | | |