

Life Skills Programme

Participant Referral Form

To	Tauranga RDA
Email	admin@taurangarda.co.nz
Date	

Referring Agency Information

Referred by (name of case manager/designation)		
Agency		
Phone	Mobile	
Address		
Email		

Referred Participant Information

Name	Age	
Height	Weight	
DOB		75kg max limit
Phone number	mobile	
Gender		
Ethnicity		
Permission to be released from school (if applicable)	Yes / No	Name of School

Parent / Guardian Details

First Name			
Surname			
Address			
Email			
Phone		Relationship	

Alternative Emergency Contact

First Name			
Surname			
Phone		Relationship	

RDA Programme Participation Agreement (Rider Section)

Rider Name		Date of birth	
Address			
Parent/ Caregiver/ Legal Guardian (if rider is <18)	Home phone		
	Mobile phone		
Primary Contact	Home phone		
	Mobile phone		
Emergency contact name	Home phone		
	Mobile phone		
School	Home phone		
	Mobile phone		
RDA Group	Tauranga Riding for the Disabled		
The RDA Group is affiliated to the New Zealand Riding for the Disabled (NZRDA). The NZRDA provides operating standards, certification, learning and support services for RDA Groups in New Zealand.			
The Rider/Parent/Caregiver is to acknowledge each statement below and indicate agreement (or not) in the checkbox			
The Programme	The rider will ride in the RDA programme. The RDA Group will carefully supervise the programme (including any necessary physical handling of the rider) following NZRDA guidelines and Operational Certificate requirements	Y <input type="checkbox"/>	N <input type="checkbox"/>
Personal Information	The rider/parent/caregiver consents to the rider's personal information, including their medical and educational information, being collected by the RDA Group.	<input type="checkbox"/>	<input type="checkbox"/>
	The rider/parent/caregiver consents to the RDA Group using relevant medical and educational information about the rider which is necessary to establish an individual RDA programme for the rider.	<input type="checkbox"/>	<input type="checkbox"/>
	The rider/parent/caregiver consents to the RDA Group sharing personal information about the rider with the NZRDA where that is necessary for the NZRDA to provide the RDA Group with administrative support of the riding programme.	<input type="checkbox"/>	<input type="checkbox"/>
	The rider/parent/caregiver consents to the RDA Group sharing personal information about the rider with the NZRDA where that is necessary for the NZRDA to develop training material for RDA personnel, or, to report statistical performance about the riding programme in New Zealand. The NZRDA undertakes that no training material or statistical report will identify the individual rider.	<input type="checkbox"/>	<input type="checkbox"/>
	The RDA Group and the NZRDA will each ensure that all personal information about the rider is stored either in locked cabinets or in a secure password-protected database managed by NZRDA.	<input type="checkbox"/>	<input type="checkbox"/>
Rider Goals & Progress	The RDA Group will regularly monitor and review the rider's programme and goals to ensure the rider is continuing to progress. The rider who has achieved all their goals may graduate from the RDA programme, or they may graduate earlier or later - at the RDA Group's discretion.	<input type="checkbox"/>	<input type="checkbox"/>
Health & Safety	The health and safety of all people involved in the RDA and NZRDA riding programme is of paramount importance.	<input type="checkbox"/>	<input type="checkbox"/>
Privacy	The rider has the right to ask for a copy of any personal information the RDA Group or the NZRDA holds about the rider, and to ask for it to be corrected if it is wrong. To ask for a copy of information, or to have it corrected, contact admin@rda.org.nz, or 0800 469732, or PO Box 58110, Whitby Porirua 5245.	<input type="checkbox"/>	<input type="checkbox"/>
Responsibilities	RDA Group personnel are responsible for the rider during riding programme session times only – in the process of riding. Parents/caregivers are responsible for the rider at the RDA grounds at all other times.	<input type="checkbox"/>	<input type="checkbox"/>

Publicity	The rider/parent/caregiver agrees that still or moving photographs and films of the rider named above may be used for publicity purposes by the RDA Group or NZRDA - even after the rider no longer rides with the RDA Group.	<input type="checkbox"/>	<input type="checkbox"/>
	The rider/parent/caregiver agrees to the rider's name being used in publicity by the RDA Group or NZRDA.	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising & Marketing	The rider/parent/caregiver agrees to receive email newsletters from NZRDA.	<input type="checkbox"/>	<input type="checkbox"/>
	The rider/parent/caregiver agrees to be contacted as part of any NZRDA direct marketing campaign.	<input type="checkbox"/>	<input type="checkbox"/>

RDA programme Participation Agreement (RDA Group Section)			
The RDA Group is to acknowledge each statement below and indicate agreement (or not) in the checkbox			
Operating Conditions	The RDA Group has a current Operational Certificate issued by NZRDA. The RDA Group will notify the rider/parent/caregiver if for any reason the Operational Certificate is suspended.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical Emergencies	The RDA person in charge will be responsible for obtaining medical assistance for the rider when necessary. In all such cases, the RDA Group will contact the rider's parent or caregiver as soon as possible.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health & Safety	The RDA Group and the NZRDA place the highest importance on the operation of the riding programme in a safe environment. RDA Group personnel will follow NZRDA guidelines and Operational Certificate requirements to ensure the safety of the rider. RDA personnel may disclose information to the NZ Police or other relevant authorities where that is necessary to prevent or lessen serious and imminent harm to any individual - under the Privacy Act 1993 and the Health Information Privacy Code 1994.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Confidentiality	Only RDA Group personnel who need to access rider information relevant to the safety, planning, development and monitoring of the riding programme will have access to personal information. All information collected or stored will be treated in the strictest confidence.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Feedback	Should the rider wish to give any feedback about the programme the RDA Group or NZRDA will treat any compliments, concerns or complaints seriously	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Code of Rights	The RDA Group and NZRDA are committed to upholding the Health & Disability Commission's Code of Rights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Signatures			
Signature		Date	
Name of Person at RDA		Position Held	
Signature (Rider/Parent/Caregiver)		Date	
Name (if not rider)		Relationship to Rider	

Both parties to retain a copy

Presenting Problem/Diagnosis

Risk Factors (please elaborate)

To self/others _____

Tick as appropriate Cannabis use? Other drug use? (specify) _____

Abuse (past and/or present) _____

Youth Justice Issues (please elaborate) _____

Medical History

GP Name and Address _____

Illnesses/ physical disabilities _____

Medication _____

Allergies _____

Physical disabilities _____

Relevant Family Psychiatric History _____

Other significant information? _____

Objectives/Outcomes for participant

CONFIDENTIALITY

I understand that any personal information that the applicant learns about riders through his/her association with Tauranga District RDA must remain confidential. I agree to refrain from discussing such details as clients' names, specific diagnosis, bizarre or unusual behaviour with anyone outside the programme or with another programme member in a public place where I might be overheard. I understand the necessity of preserving our riders' privacy and anonymity and will abide by this agreement.

Signed		Date	
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Consent to release Medical Information - Rider/Parent/Legal Guardian to complete			
Rider		Date of Birth	
Ethnicity		Weight (75kg Maximum)	
Parent/ Legal Guardian		Email	
Address		Telephone	
		Mobile	
I give my permission for the sharing of relevant medical information for the purpose of establishing a riding programme. Such information will be regarded as confidential, with storage and use only in accordance with the Privacy Act 1993.			
Signature (Rider/ parent/ Legal Guardian)		Dated	
Medical Information and Consent - Physician to complete and return to RDA Group <i>(see over for additional information)</i>			
Diagnosis			
Surgical procedures, devices, orthoses			
Medication			
Allergies			
Epilepsy			
Infectious diseases			
Other relevant information, precautions			
In my opinion this person can participate in a riding programme and associated activities with appropriate supervision.			
Physician's name			
Signature		Date	
Address		Telephone	
		email	
Return Information - RDA Group to complete			
Please Return completed form to	44 Ngapeke Rd, Welcome Bay, RD 5 Tauranga, 3175 Or by email to admin@taurangarda.co.nz		
Received by		Date	

Information for Physician

The following conditions, if present, may represent precautions or contraindications to therapeutic horseback riding. Therefore, when completing the form, please note whether these conditions are present and to what degree.

<p>Orthopaedic</p> <p>Spinal fusion Spinal instabilities/abnormalities Atlantoaxial instabilities Scoliosis Kyphosis Lordosis Hip subluxation and dislocation Osteoporosis Pathologic fractures Coxas arthrosis Heterotopic ossification Osteogenesis imperfecta Cranial deficits Spinal orthoses Internal spinal stabilisation devices</p>	<p>Medical / Surgical</p> <p>Allergies Cancer Poor endurance Recent surgery Diabetes Peripheral vascular disease Varicose veins Haemophilia Hypertension Serious heart condition Stroke (cerebrovascular accident)</p>
<p>Neurologic</p> <p>Hydrocephalus/shunt Spina bifida Tethered cord Chiari II malformation Hydromyelia Paralysis due to spinal cord injury Seizure disorders</p>	<p>Secondary Concerns</p> <p>Behaviour problems Age under two years Age two – four years Acute exacerbation of chronic disorder Indwelling catheter</p>

For persons with Down Syndrome a Cervical X-Ray for atlantoaxial instability may be required.

For information on precautions and contraindications please contact the National Training Manager, NZRDA 04 234 6090.

Payment Details

Rider's Name _____

Who is the rider's invoice to be sent / charged to?

Name / school / company / sponsor _____

Billing Address _____

Postcode _____ email address (for billing)_____

Please Note: Parents and or guardians are responsible for the payment of all riding fees for rider's unless otherwise arranged with Tauranga District Group Riding for the Disabled Association Inc.

This section please return to us.



Charges

Riders will be charged for an 8-week programme (2-hour session per week) \$320 inc GST
No discount is given to riders who are away sick or cannot make their ride.

Making Payments

You will be issued an invoice by email.

All Cheques to be made out to **Tauranga District Group Riding for the Disabled Ass. Inc.** upon receiving invoice.

If you are going to **pay** via **internet** please put the **riders name**, Invoice number and (Life Skills) in the **reference section** on your transaction.

i.e. Johnny Smith Life Skills Inv 413

Deposits to	BNZ	02-0466-0347401-00
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Receipts

All cash or Cheques to be paid at office where receipts will be issued immediately.

Please Note: We are unable to receipt '**random money**' that appears on our bank statements so make sure you reference rider details with internet payments thanks