

RIDER REFERRAL							
Request for Rider to Participate in an RDA Programme							
To - Group name	Tauranga Riding for Disabled						
Referral made by:							
Name				Phone/ Email			
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							
Phone:				Email:			
DoB		Gender		Height		Weight 75kg max	
Reason for referral							
Disability/ Health Condition/ Other information							
What would you like to achieve from attending RDA?							
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/ Caregiver/ Legal Guardian name				Date			
Signature				Phone			