

**APPLICATION FORM FOR RIDERS AND CARRIAGE DRIVERS
PLEASE USE BLOCK CAPITALS AND RETURN TO ADDRESS BELOW**



GROUP	BANNOCKBURN RDA
CHARITY NUMBER	SC 004549
COMPANY LIMITED BY GUARANTEE NUMBER	SC 339433
ADDRESS	The Sauchieburn Centre Sauchie Estate, Bannockburn, Stirling, FK7 9PZ
TELEPHONE NUMBER	01786 813338 / 0845 241 1365
EMAIL	info@bannockburnrda.org.uk
WEBSITE	www.bannockburnrda.org.uk

Confidential Information for use by relevant RDA personnel only

Applicants should note that this information may be stored on a computer system; this form will be held securely in Group records

**A REVIEW OF THE CONTENTS OF THIS FORM WILL NORMALLY BE REQUESTED AFTER 3-5 YEARS.
RDA RESERVES THE RIGHT TO REFUSE ANY RIDER OR CARRIAGE DRIVER ON GROUNDS OF HEALTH AND SAFETY
AT ANY TIME
THIS FORM MAY NEED TO BE REVIEWED IN THE EVENT OF A RIDER/CARRIAGE DRIVER APPLYING FOR A RDA
HOLIDAY**

Next Recommended date for Review: _____

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

1 APPLICANT'S DETAILS

NAME			
DATE OF BIRTH			
ADDRESS			
TELEPHONE NUMBER		MOBILE NUMBER	
EMAIL ADDRESS			

2 PERSONAL INFORMATION

HEIGHT		WEIGHT		Yes	No
SPEECH	Do you have problems with speech?				
EYESIGHT	Do you have problems with eyesight? Do you wear glasses/contact lenses?				
HEARING	Do you have difficulty in hearing? Do you wear a hearing aid?				
INSTRUCTIONS	Do you have difficulty understanding simple instructions?				
WALKING	Do you need help with walking? Do you use walking aids? Do you wear orthopedic appliances? Do you wear a wheelchair? Would weight-bearing be a problem?				
RIDING/CARRIAGE DRIVING	Do you have any previous experience with a RDA Group? If YES, have you passes any proficiency tests?				

Please give any other information that you think would be useful?

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3 MEDICAL INFORMATION
(THIS DOES NOT CONSTITUTE CONSENT)

This should be completed by a Medical Professional who is familiar with and understands your medical problems

Details of Specific Disabilities

Note of specific problems (e.g. allergies, asthma, autism, ADHD, balance, circulation, diabetes, epilepsy, etc)

MEDICAL PROFESSIONAL COMPLETING SECTION 3 ABOVE

NAME			
APPOINTMENT			
ADDRESS			
TELEPHONE NUMBER		MOBILE NUMBER	
EMAIL ADDRESS			
SIGNATURE			

4 APPLICANT'S SCHOOL OR TRAINING CENTRE (if applicable)

NAME			
ADDRESS			
TELEPHONE NUMBER		MOBILE NUMBER	
EMAIL ADDRESS			
PERSON TO CONTACT			

5 APPLICANT'S PARENT OR GUARDIAN

NAME			
ADDRESS			
TELEPHONE NUMBER		MOBILE NUMBER	
EMERGENCY CONTACT NUMBER			
EMAIL ADDRESS			

6 DECLARATION

I wish to join the Group as a rider/carriage driver and agree that the details of my medical history, which will assist the Group Instructor, may be disclosed by my medical professionals.

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 properly given.

In the absence of any negligence on the part of the RDA or the Group, I accept that no liability will attach to either of them.

Do you agree that photographs/videos taken during Group activities may be used for training/publicity?		YES	NO
DATE			
SIGNATURE	Rider / Carriage Driver / Parent / Guardian (delete as appropriate)		

FOR OFFICE USE ONLY

DATE FORM RECEIVED	
TASTER SESSION OFFERED	
PLACE OFFERED ON	
ALLOCATED CLASS	
DATE FOR REVIEW	

SIGNED	
DATE	
POSITION	

Bannockburn Group of Riding for the Disabled (known as Bannockburn RDA) is a registered Scottish charity, No: SC004549 and Private Limited Company No. SC339433.

Registered address: Sauchieburn Estate, Sauchieburn, Stirling, FK7 9PZ.

Tel: 01786 813338 **Lo-call:** 0845 241 1365 **Email:** info@bannockburnrda.org.uk **Web:** www.bannockburnrda.org.uk

A Member Group of the Riding for the Disabled Association Incorporating Carriage Driving