

RIDER REFERRAL/REQUEST - to Participate in an RDA Programme								
To - Group name		Christchurch Group RDA						
Request/Referral made by: <i>This is not mandatory</i>								
Name					Phone			
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 1993.</i>								
Name					Phone			
Main contact address (for future correspondence)								
Main contact email								
Age		Date of Birth		Height		Weight		
We have a maximum rider weight of 75kgs. Enrolments will <u>NOT</u> be considered over this.								
Diagnosis								
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/ Legal Guardian name					Date			
Signature					Phone			

Return to: The Administrator, Christchurch RDA, P O Box 6163, Christchurch 8442 or admin@chchrda.org.nz