

RIDER REFERRAL					
Request for Rider to Participate in an RDA Programme					
To - Group name					
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:		
Gender		Height		Weight <i>(Required field)</i>	
Birthdate		Ethnicity (please circle)	NZ Euro	Maori	Pasifika Asian Other
Reason for referral					
Disability/ Health Condition/ Other information					
What would you like to achieve from attending RDA?					
Rider/Caregiver to complete					
<p>I understand that;</p> <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	