



## Arundel Park Riding for Disabled Inc.

### APRDA NEW/RETURNING PARTICIPANT ENQUIRY FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Male / Female (Circle)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ (**Must Be** completed for riding/carriage driving programs suitability)

A weight limit of 75 kg applies for all Riding Programs. Carriage driving participants weight limits are individually assessed.

RDA Participant with a disability       AB Participant without a disability

Disability \_\_\_\_\_

NDIS Participant (Circle) Y / N      If Yes NDIS Number \_\_\_\_\_

Participant is;       Plan Managed       Self Managed       Agency Managed

Parent/Carer's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

Riding Skills     Beginner       Intermediate       Experienced

Availability / Preferred Day: \_\_\_\_\_  During school hours     Outside school hours

Riding Programs:

RDA Rider       INSteP       Ready Set Trot       Independent Rider

Non-Riding Programs:

Carriage Driving     ASDAN       Ground Skills       Horses In hand

OFFICE USE ONLY:

ON WAITING LIST? Y / N

MEDICAL CONSENT FORM COMPLETED & RETURNED: Y / N

ASSESSMENT ARRANGED: Y / N    DATE: \_\_\_\_\_ TIME \_\_\_\_\_

COACH DOING ASSESSMENT: \_\_\_\_\_ HORSE: \_\_\_\_\_

CLASS ALLOCATED: \_\_\_\_\_

COMMENTS \_\_\_\_\_