



Arundel Park Riding for Disabled Inc.

APRDA NEW/RETURNING PARTICIPANT ENQUIRY FORM

Date Lodged: _____

Participants Name: _____ DOB _____ Male / Female / Other

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: _____ Phone: _____

Riding Skills ☐ Beginner ☐ Intermediate ☐ Experienced

Availability / Preferred Day: _____ ☐ During school hours ☐ Outside school hours

Riding Programs: *(Please be advised that waiting times for our riding & driving programs can take up to 12months)*

☐ RDA Rider

☐ INSteP

☐ Ready Set Trot

☐ Independent Rider

Non-Riding Programs:

☐ Carriage Driving

☐ ASDAN

☐ Horsemanship Development

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 _____