

PARTICIPANT APPLICATION FORM

Please make sure you fill in this form clearly, using BLOCK CAPITALS, and return it to the **RDA Group address** below



This section must be completed by the RDA Group, before the form is given to the applicant	
RDA Group Name	
Charity Number	
Group Contact Name	
Contact Address to which the completed application form should be sent	
Contact Email Address	
Contact Telephone Number	

All information provided on this form will remain strictly confidential, for use by relevant RDA personnel only, in compliance with the statutory requirements of the Data Protection Act 2018. It will be used to help us to understand any specific needs you may have and to support you. We will also use this information to contact you in relation to your activities with RDA - this may include sending you important information about your involvement in your RDA Group, or any other activities you may take part in within RDA.

PART 1 – YOUR DETAILS *(details of the participant)*

First Name/s	Last Name
What name/ nickname do you like to be known by?	Preferred Pronouns?
Date of Birth	Sex M / F / I identify in another way / Prefer not to say
If you are not fluent in English, which language/s do you use on a daily basis?	
Address	Postcode
Telephone	Mobile
Email	
Do you have any previous experience of riding or carriage driving at an RDA Group?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, what is the RDA Group's name?	
Are you joining as part of a school, college or care centre group, or similar?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, what is the name of the school, college or centre?	

PART 2 – SPECIFIC INFORMATION ABOUT YOU

Please tell us about your disability or impairment and how it affects you (to help us to understand how to support you)
Do you have any conditions that may need special attention during your RDA activities? Is there anything else about your disability or impairment that we should be aware of, to help us to improve your RDA experience?
In case we need to find out more about your disability and how we can support you, please provide the name and contact details of a medical professional, who knows you and is familiar with your medical condition(s)
What is your height? <input style="width: 80%;" type="text"/> What is your current weight? <input style="width: 80%;" type="text"/>
<i>Please note that the applicant's height and weight details will be used discreetly by the group's coach, to assess the suitability of available horses or ponies</i>

