



Referral / Request To participate in Riding Programme

To: The Secretary / Chief Instructor _____ RDA Group

Address: _____

Prospective Client: _____

Contact Person, address phone: _____

Age, approx height / weight: _____

Therapeutic needs: _____

Physicians name / contact: _____

Other relevant information: _____

This information is required to enable the RDA Group to initially consider whether they are able to accept the prospective client into the riding programme. All information supplied will be considered confidential, and stored and used only in accordance with the Privacy Act 1993.

- ✓ I understand that this information is required to enable the RDA Group to consider suitability to participate in an RDA programme.
- ✓ I understand and consent that if accepted, further medical or educational information can be supplied for safety and planning purposes.
- ✓ I understand that final acceptance will be at the discretion of the RDA Group personnel, after consultation with other relevant people / agencies where necessary, and that request / referral does not guarantee entrance into a riding programme.

Signed / dated _____ (Client / Parent / Guardian)

Referred by: (name / designation) _____

Contact address / phone: _____