

**TEA WITH A PONY APPLICATION FORM FOR RIDERS**  
**(PLEASE USE BLOCK CAPITALS AND RETURN TO GROUP ADDRESS BELOW)**



To be completed by RDA group before being given to applicant	
<b>GROUP NAME</b>	<b>Cotswold RDA</b>
<b>CHARITY NO</b>	<b>1160676</b>
<b>CONTACT NAME</b>	<b>Debbie Powell</b>
<b>ADDRESS</b>	<b>Cheltenham Racecourse, Prestbury Park, GL50 4SH</b>
<b>EMAIL</b>	<b>info@cotswoldrda.org.uk</b>
<b>TEL NO</b>	<b>01242 584420</b>

All information will remain confidential, for use by RDA only. All the information you provide will enable us to contact you in relation to your activities with RDA. This may include sending you important information, which relate specifically to your involvement in your group or any other activities you may take part in within RDA.

**1 YOUR DETAILS**

First Name		Last Name	
Date of Birth		Gender	
Address			
		Postcode	
Email Address			
Telephone		Mobile Number	
Riding/Carriage Driving	Do you have any previous experience with an RDA Group? If YES, what is the Group's name?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
			Not Applicable
School/Training Centre	Are you joining as part of a School or Training Centre?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If YES, what is the School/Centre name, contact and phone number?		Not Applicable

**2 SPECIFIC INFORMATION ABOUT YOU**

What is your disability, condition or diagnosis?			
Are you on any medication that may cause side effects during your time at RDA? If so, what is the medication and potential side effect(s)?			
What, if any, conditions do you have that may need special attention during your activities with RDA? (It is the applicant's responsibility to ensure that we have knowledge of all issues that might pose a problem)			
Please provide name and contact details of a Medical Professional who knows you and your medical conditions:			
Not Applicable			
Height	Not Applicable	Weight	Not Applicable

### 3 ADDITIONAL INFORMATION

Speech	Do you have problems with speech?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Eyesight	Do you have problems with eyesight?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	Do you wear glasses / contact lenses?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Hearing	Do you have difficulty with hearing?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	Do you wear a hearing aid?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Instructions	Do you have difficulty understanding instructions?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Walking	Do you need help walking?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	Do you use walking aids?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	Do you wear orthopedic appliances?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	Do you use a wheelchair?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	Would weight-bearing be a problem?	<input type="checkbox"/> Yes / <input type="checkbox"/> No

**If you have answered 'Yes' to any of the above, please give any additional information that you think would be useful for the RDA Group:**

### 4 DECLARATION

- I wish to apply as a rider/vaulter/carriage driver of an RDA Group and confirm that all details given are accurate, to the best of my knowledge.
- I agree that should the Group Coach require additional information on my medical condition, at any time, I will provide what is required and be willing to get a medical report from a Medical Professional who is familiar with my condition if necessary. I understand that I may be required to pay a fee for such a report.
- I confirm that I will advise you immediately if any of the information provided on this form changes in any way.
- I recognise that this activity involves risk and that I, the rider/vaulter/carriage driver, should take all reasonable precautions and follow all advice properly given.
- I understand by nature horses are unpredictable and that means they may react to a situation or to the local environment in such a way that a rider/vaulter/carriage driver may be unseated in an accident.

In the absence of any negligence on the part of the RDA or the Group, I accept that no liability will attach to either of them.

Photos/Videos	I give consent to my photograph being taken during RDA activities for training and/or publicity (including websites, social media, newsletters and marketing materials for the group and RDA UK). I give this consent acknowledging the photos will not be given to a third party without my explicit consent.	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Signature	Rider/Vaulter/Carriage Driver/Parent/Guardian (Delete as appropriate)	Date

### 5 APPLICANT'S PARENT OR LEGAL GUARDIAN CONFIRMATION OF CONSENT TO JOIN RDA

(if the form has been completed by a parent/legal guardian or the applicant is under 18 years old)

Name		Relationship to Applicant	
Address		Home Number	
	Postcode		Mobile Number

#### Emergency Contact Details

If you do start riding at RDA. It's important we know who to contact in case you are injured or become ill.

By ticking this box I confirm that I have consent of the individual listed above to be contacted in the case of an emergency during the course of RDA activities.

<b>Emergency Contact Name &amp; relationship to the applicant.</b>		<b>Emergency contact number</b>	
--	--	---------------------------------	--

#### RDA Group Use:

Date Application Received: \_\_\_\_\_

Is application approved or declined? (delete as applicable)

APPROVED / DECLINED

Is Approval Subject to Trial Period?

Y / N

If Yes - Trial End Date: \_\_\_\_\_

**APPLICATION REVIEW DATE** (At least every 3 years) \_\_\_\_\_

## Tea with a pony Booking Form



### **Booking Information:**

Name of person/organization	
Address	
Contact number	

- Charges are £10 for a participant who must be accompanied by a carer or family member (who goes free). We can take a maximum of 3 pairs per session
- Payment must be made by cash on the day or cheque (made payable to Cotswold RDA) on the day or beforehand, returned to the address on the reverse. Sorry, we are unable to take card payments.
- A 'rider' form will need to be completed for each participant before their visit (this is available on the website)
- Please ensure that you read and acknowledge the terms and conditions on the reverse of this form.

### **Participant and Carer Information**

Participant's name	Rider form completed?	Carer's name	Payment
			£10
			£10
			£10

### **Any dietary requirements? Please detail below**

### **Booking Date:**

Day and date of session	Time of session	Date of booking	Booking confirmed by office	Payment received (£ & date)
	10:10 <input type="checkbox"/>			
	10:50 <input type="checkbox"/>			
	13:50 <input type="checkbox"/>			

Name of CRDA Host:

### **Tea with a Pony Terms and Conditions**

1. We welcome all individuals who are living with dementia or other mental / physical disabilities. Each participant **must** be accompanied by one family member or carer.
2. A booking form must be completed prior to confirmation of your booking and a RDA 'rider' form completed.
3. We have a maximum capacity of 6 people e.g. 3 individuals and 3 accompanying family members or carers during school term time, but can be extended to 10 (e.g. 5 individuals and 5 accompanying family members or carers during the school holidays).
4. By nature, horses are unpredictable – it is important to recognise that this activity involves risk and the participant and their carer must follow all advice given by staff and volunteers. A safety briefing will take place prior to the session.
5. Payment of £10.00 per individual to include one family member or carer can be made on the day by cash or cheque (cheques made payable to Cotswold RDA)
6. We may need to cancel the session due to poor weather or other unforeseen circumstances. If so, we will not charge for the session.
7. Cancellation by the booker may still be charged by Cotswold RDA but this is at the discretion of the General Manager.
8. Cotswold RDA reserve the right to refuse or stop the session at any time.
9. We welcome additional family members should they wish to accompany their relative, but there is a charge of £5.00 for each additional family member or carer.

**To be signed by the person making the booking:**

**I acknowledge and understand the above terms and conditions of my booking:**

**Print name:**

**Signed:**

**Date:**

**Cotswold Riding for the Disabled  
Cheltenham Racecourse  
Prestbury Park  
Cheltenham GL50 4SH**

*January 2019*