



Welcome to Shiresmill Therapy Riding Centre

Please read the application form carefully

Please staple all the pages of the Application Form together including the medical section and return to Shiresmill but retain these pages (Welcome to Shiresmill) for your information. Although we do ask you to get the form signed and checked by a medical professional, the consent is from the parent or legal guardian only (if the rider is under 18 years). Height, weight and details regarding diagnosis are extremely important as is any additional information of specific difficulties, for example epilepsy, allergies or challenging behaviour.

Although riding is hugely beneficial for the majority, there are some specific contraindications so if in doubt please email physio@shiresmill.org

Safety is given the highest priority and therefore the following points are important:-

- 1. Footwear:** Please wear comfortable well-fitting boots or shoes (**no trainers**). Flat shoes or boots with a **heel** and fairly smooth sole are preferable; wellington boots are acceptable, but **not** the best choice of footwear as they sometimes catch the foot of the saddle and are cumbersome.
The group may be able to supply boots if there are difficulties.
Riding boots and breeches are optional but great if you have them and often cheap in supermarkets.
- 2. Clothing:** It can be cold in the arena or outside if we go on a hack. Therefore, please ensure that you are warmly dressed with hat and gloves on all occasions. **Even in the hottest weather no shorts. Legs must be protected!** Trousers should be comfortable and give easily for movement (**jeans or school trousers are not suitable**); knee length socks ensure that the rider's lower leg is covered if the trousers ride up when sitting!
- 3. Hats:** are supplied at the centre and these comply with current safety standards.
- 4. Absences:** Please inform the Coach or Class Organiser as soon as possible if you are unable to attend the lesson. **We have a cancellation list and can offer the place to another rider.** It is helpful to let us know as soon as possible as it allows us to plan the lesson appropriately. In addition, if you have any concerns, no matter how small, please bring them to our attention as we aim first and foremost to have fun and ensure an enjoyable experience. Phone **01383 882700** or text your **Group Coach or Class Organiser**.
- 5. Medical Conditions:** If there is any **alteration** in your condition that may affect your riding please let the Coach know prior to the ride, e.g. a recent fit, greater difficulty or

pain when walking, or **anything** which may be causing anxiety (difficult day at school).

6. **Supervision:** We request that all children and vulnerable adults are supervised at all times outwith the riding sessions. Our safeguarding regulations stipulate that we are responsible for the riders only for the duration of the session.
7. **Photographs:** are not permitted without the permission of the Coach and a time determined by the Coach. Please be sensitive to the fact that some of our volunteers or other riders have specifically asked not to be in photos.
We do have a Facebook site but only pictures sent to the administrator will be posted.
8. **Timekeeping: Please arrive in good time for the class** (15 minutes before if possible).
9. **Donations:** The cost of keeping the ponies increases each year and we ask that you consider a donation of £10 per ride.
It would be helpful if each term can be paid in advance, but weekly contributions are accepted.
10. **Gift Aid:** We are registered for Gift Aid. If you are a tax payer please consider this and complete a form which is displayed in the warm room.
11. **Helpers:** We appreciate offers of help as we are a charitable organisation run solely by volunteers. This could mean working with the ponies, as a leader or side walker, helping to look after our equipment or teaching the riders simple facts about horse riding. Some people prefer to be involved with the general maintenance of the buildings and fields, or the management of our lovely garden or fundraising activities. Help with these tasks are equally important and much needed to ensure smooth running of the Group
Even offering to assist at a fundraising event is appreciated if regular input is not possible (Sponsoring a Pony or contributing to our 'Ragbag collection' or used stamp collection.
11. **Loss or Damage: Shiresmill Therapy Riding (STR) cannot accept any responsibility for loss or damage to visitors or their property.**
12. **Smoking: There is a no smoking policy within the buildings and grounds of Shiresmill Therapy Riding Centre.**

To:

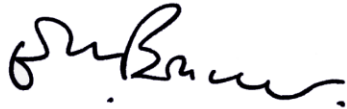
Riding for the Disabled Association (RDA) – Application Form

As part of our application procedures and on-going monitoring of participants' suitability to take part in our Group activities, we do at times need information from a medical professional to ensure the participant will benefit from our sessions.

I am writing to you as a medical professional who is familiar with and understands the medical conditions of the applicant/participant. I hope you will not find it too much trouble to help with the information requested below. Please note that you are being asked for information and not to give consent; this is the responsibility of the person concerned (the applicant/participant) or their parent/guardian where appropriate.

Thank you in anticipation of your help.

Yours sincerely



Ed Brächer
Chief Executive

1.	Is the medical information, stated in sections 2 and 3 of the attached form, accurate to the best of your knowledge? If no, please provide more details:	Y / N
2.	Are you aware of any other specific medical conditions or contra-indications not stated on the form that the Group needs to be mindful of? If yes, please provide more details:	Y / N

Signature

Name

Appointment

Phone Number

Date

Riding for the Disabled Association Incorporating Carriage Driving

Norfolk House, 1a Tournament Court, Edgehill Drive, Warwick CV34 6LG

Tel 0845 658 1082 **Fax** 0845 658 1083 **Email** info@rda.org.uk **Web** www.rda.org.uk

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APPLICATION FORM FOR A NEW VOLUNTEER AT A MEMBER GROUP IN SCOTLAND

(PLEASE USE BLOCK CAPITALS AND RETURN TO GROUP ADDRESS)



To be completed by Group before being given to applicant	
GROUP NAME	Shiresmill Therapy Riding Centre
CHARITY NO	SCO
CONTACT NAME	Volunteer Coordinator
ADDRESS	Shiresmill Therapy Riding Centre By Blairhall KY12 8ER
EMAIL	furnell@btinternet.com
TEL NO	01383 882700

All the information you provide will enable us to contact you in relation to your volunteering activities with RDA. This may include sending you important information, which relate specifically to your volunteer role.

1 YOUR DETAILS

Full Name		Gender	
Date of Birth		Age	
Address			
Email Address			
Telephone Number			
Mobile Number			

2 SPECIFIC INFORMATION ABOUT YOU

The information in this section will be used to help us learn a little more about you, understand your needs, and ensure we are able to place you in a suitable volunteering role at the group.

Equine experience	
Experience volunteering/working with people with disabilities	
Other skills and professional qualifications	
Do you consider yourself to be disabled?	
Is there any information that we may need to consider when placing you as a volunteer to ensure you have a positive experience? (Medical conditions, impairments, specific needs, accessibility requirements, allergies etc.)	

3 EMERGENCY CONTACT DETAILS

If you become a volunteer with us it's important we know who to contact in case you are injured or become ill while volunteering.

Full Name	
Relationship to you	
Telephone Number	

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

4 REFERENCES

We request all volunteers provide two references to support their application. These people should not be related to you and should be someone you know in a professional capacity where possible.

It is our policy to take up all references.

Full Name	
Address	
Email	
Phone	

Full Name	
Address	
Email	
Phone	

5 DECLARATION

I consent to an enhanced disclosure check being made (if applicable), will abide by the group’s policies and procedures and confirm that the information provided on this form is correct. I accept that failure to disclose information or subsequent failure to conform to the group’s Safeguarding Policies & Procedures may result in possible disciplinary action.

Candidates are required to disclose any unspent convictions or cautions and any spent convictions for offences included in Schedule A1, ‘Offences which must always be disclosed’ of the Rehabilitation of Offenders Act (Exclusions and Exceptions) (Scotland) Amendment Order 2105. Candidates are not required to disclose spent convictions for offences included in Schedule B1, ‘Offences which are to be disclosed subject to rules’ until such time as they are included in a higher level disclosure issued by Disclosure Scotland

As part of the checking procedures, you are advised that the Group reserves the right to make reference to the Local Authority Social Services Department and Police Records to verify information given on this form, when it is submitted or at any time in the future.

NB: It is the duty of all Group personnel, coaches and volunteers to report any conviction involving children.

By ticking this box 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.

Signature		Date:	
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If you are under 18 this form must also be signed by a parent or guardian.

Signature		Date:	
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The information provided on this form will only be used for the purposes stated above in relation to RDA volunteering activities.

<u>RDA Group Use:</u>	Date Application Received: _____
Is application approved or declined? (delete as applicable)	<u>APPROVED / DECLINED</u>
APPLICATION REVIEW DATE (At least every 3 years):	

