



**Welcome to Shiresmill Therapy Riding Centre. We do hope you will enjoy and benefit from your time at our beautiful peaceful centre.**

**Please read the application form carefully noting that we now have a separate application form for non ridden activities**

**Please staple the two pages of the application form together, including the professional section, which is not completed by you, but retain the information pages.** Although we do ask you to get the form signed and checked by a professional the consent is from the parent or legal guardian only (if the participant is under 18 years.) Height and weight and details regarding diagnosis are extremely important, but even more so any additional information of specific difficulties, for example epilepsy, allergies, mental health status or challenging behaviour.

Although riding is hugely beneficial for the majority, there are some specific contraindications so if in doubt please email [riderenquiries@shiresmill.org](mailto:riderenquiries@shiresmill.org) We can maybe offer groundwork sessions which can be very beneficial.

We now have a separate groundwork application form on our website. This is for participants who want to pursue the contact with the horses from the ground.

**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 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. This is true for ground sessions too. 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 should 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 or groundwork please let the coach know prior to the ride. E.g., a recent fit, pain, 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 out with the riding and ground sessions. Our safeguarding regulations stipulate that we are responsible for the participants 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 participants have specifically asked not to be in photos. In most cases taking a photo is not a problem We do have a facebook site but only pictures sent to the administrator will be posted and always with consent.
- 8 **Time keeping: Please arrive in good time for the class.**  
When you do arrive please 'sign in' in the Fire Diary as required by our Health and Safety Policy.
- 9 **Donations** The cost of keeping the ponies increases each year and we ask that you consider a donation of **£15** per ride for group sessions and **£20** for individual ones. It would be helpful if each term can be paid in advance, but weekly contributions are accepted. Please pay directly to our bank account or if that is not possible place the money in the small brown envelope mark with name, date and amount and post in black safe.
10. **Gift Aid** We are a registered for Gift aid. If you are a taxpayer 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 fund-raising 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)**
12. **Loss or Damage: Shiresmill Therapy Riding Centre (STRC) cannot accept any responsibility for loss or damage to visitors or their property**
13. **Smoking:** There is a no smoking policy including e cigarettes, within the buildings and grounds of Shiresmill Therapy Riding Centre.

# NON RIDDEN 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	
<b>RDA Group Name</b>	Shiresmill Therapy Riding Centre
<b>Charity Number</b>	SC028672
<b>Group Contact Name</b>	Rider Coordinator
<b>Contact Address</b> to which the completed form should be sent	Shiresmill Therapy Riding Centre Shiresmill By Blairhall Fife KY12 8ER
<b>Contact Email Address</b>	riderenquiries@shiresmill.org
<b>Contact Telephone Number</b>	01383882700

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)

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

## PART 2 – SPECIFIC INFORMATION ABOUT YOU (The participant)

<b>Please tell us about your disability or impairment</b> and how it affects you (to help us to understand how to support you)
<b>Do you have any conditions that may need special attention during your RDA activities?</b> Is there anything else about your disability or impairment that we should be aware of, to help us to improve your RDA experience?
<b>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</b>



## PART 3 – ADDITIONAL INFORMATION

<b>ALLERGIES</b>	Do you have any known allergies?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
<b>EYESIGHT</b>	Do you have a visual impairment, or do you have low vision?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
<b>HEARING</b>	Do you have a hearing impairment, or do you have hearing loss?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
<b>WALKING/MOBILITY</b>	Do you need any help with walking?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
	Do you use any walking aids or supports?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
	Do you wear any orthopaedic appliances?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
	Are you a wheelchair user?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
<b>COMMUNICATION</b>	Can you take weight through your feet (e.g. sitting to standing)	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
	Do you understand BSL and use it to communicate yourself?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
	Do you understand Makaton and use it to communicate yourself?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
<b>If you have answered YES to any of the above questions, please detail any additional information that you think would</b>					

**be helpful to us, to be able to help and support you, and give you the best experience we can**

**PART 4 – DECLARATION**

- I wish to apply to join an RDA Group as **non-riding participant**, and confirm that all details given on this form are true and accurate, to the best of my knowledge
  - I agree that should the RDA group require additional information on my medical condition at any time, I will provide what is needed and will be willing to obtain a medical report from a medical professional, if necessary, who is familiar with my condition/s. I understand that I may be required to pay a fee for such a report.
  - I confirm that I will notify RDA immediately if any of the details or information provided on this form should change in any way
  - I recognise that this activity involves risk, and that I, the participant, must take all reasonable precautions and follow all advice properly given, at all times
  - I understand that horses and ponies, by nature, are unpredictable and as such they may react to a situation or to the local environment in such a way that is hazardous.
- In the absence of any negligence on the part of the RDA Group or RDA UK, I fully understand and accept that no liability will attach to either party.**

<b>PHOTOGRAPHS/ VIDEOS</b>  	I give my consent to photographs or videos of me being taken during RDA activities for training and/or publicity (including, but not limited to, websites, social media, newsletters and marketing materials for the RDA Group and RDA UK). I give this consent understanding that these images will <u>not</u> be given to a third party without my explicit consent	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
<b>SIGNATURE</b>	..... <b>PARTICIPANT / FAMILY MEMBER / CARER</b> (please delete as appropriate)	<b>DATE</b>		<input type="checkbox"/>	<input type="checkbox"/>

<b>Emergency Contact Details</b>	It is important that we know who to contact in case you are injured or become unwell. By ticking this box I confirm that have the consent of the person below, to be contacted in an emergency during the course of RDA activities		
<b>Emergency Contact Name &amp; Relationship to Applicant</b>	<input type="text"/>	<b>Emergency Contact Number</b>	<input type="checkbox"/>

**PART 5 – APPLICANT’S FAMILY / CARE PERSON DETAILS & CONFIRMATION OF CONSENT TO JOIN RDA**  
 (if this form has been completed by a parent/ legal guardian, or if the applicant is under 18 years old)

<b>Name</b>	<input type="text"/>	<b>Relationship to Applicant</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>		
<b>Telephone</b>	<input type="text"/>	<b>Postcode</b>	<input type="text"/>
	<input type="text"/>	<b>Mobile</b>	<input type="text"/>

<b>RDA GROUP USE ONLY:</b>	<b>DATE APPLICATION RECEIVED:</b> _____
<b>APPLICATION</b>	<b>APPROVED / DECLINED</b> (delete as applicable)
<b>APPLICATION SUBJECT TO TRIAL PERIOD?</b>	<b>Y / N</b> <b>If yes, trial end date:</b> _____