



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

Please staple the pages of the application form together, including the medical section but retain these information pages.. 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 and 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 riderenquiries@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 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 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 out with 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. In most cases taking a photo is not a problem We do have a face book site but only pictures sent to the administrator will be posted.
- 8 **Time keeping** : **Please arrive in good time for the class.** (15 minutes before if possible) 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 **£10** per ride for group sessions and **£15** for individual ones. It would be helpful if each term can be paid in advance, but weekly contributions are accepted. Please place your money in the brown envelopes provided
9. **Gift Aid** We are a registered for Gift aid . If you are a tax payer please consider this and complete a form which is displayed in the warm room.
10. **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)
11. **Loss or Damage** : **Shiresmill Therapy Riding Centre (STRC) cannot accept any responsibility for loss or damage to visitors or their property**
12. **Smoking** : There is a no smoking policy including e cigarettes, within the buildings and grounds of Shiresmill Therapy Riding Centre.

APPLICATION FORM FOR RIDERS, VAULTERS AND CARRIAGE DRIVERS

(PLEASE USE BLOCK CAPITALS AND RETURN TO GROUP ADDRESS BELOW)

RDA



To be completed by RDA group before being given to applicant	
GROUP NAME	Shiresmill Therapy Riding Centre
CHARITY NO	SC028672
CONTACT NAME	Rider Coordinator
ADDRESS	Shiresmill by Blairhall KY12 8ER
EMAIL	riderenquiries@shiresmill.org
TEL NO	01383 882700

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	
School/Training Centre	Are you joining as part of a School or Training Centre? If YES, what is the School/Centre name, contact and phone number?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	

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:			
Height		Weight	

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.

Emergency Contact Name & relationship to the applicant.		Emergency contact number	
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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) _____



President: HRH THE PRINCESS ROYAL KG KT GCVO QSO

To:

Riding for the Disabled Association (RDA) – Application Form

Applicant Name:

Applicant Date of Birth:

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 01926 492915 **Email** info@rda.org.uk **Web** www.rda.org.uk

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