

NEW RIDER EXPRESSION OF INTEREST FORM

Thank you for your interest in joining the RDA Carine rider community, **all fields in this form are compulsory** as they assist us to review your support requirements against our horses and program availabilities.

RIDER CONTACT

Date: _____ Name of Rider: _____ Phone: _____

Email: _____ Address: _____

Gender: _____ Age: _____ Weight: _____ Height: _____

OTHER CONTACT (if rider is a child/client)

Name of Person Enquiring: _____ Relationship to Rider: _____

Email Address: _____ Phone No: _____

RIDER DETAILS

Disability: _____

Disability Details (please expand, include behaviour support etc.) _____

Rider has seizures? Yes / No If Yes, what type of seizures: _____ Controlled? Yes / No

Further comments regarding seizures: _____

Does the rider have any sensory needs? Yes / No If Yes, details: _____

Will the rider tolerate wearing helmet and boots? Yes / No

Riders horse experienced: _____

Riders Mobility: _____

Physical support needed: Yes / No If Yes, details: _____

Communication Preferences: Verbal/Non-verbal Details: _____

Funding: NDIS Plan Managed / NDIS Self-Managed / Privately Funded

Other comments/requests: _____

Availability to ride:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9am - midday						
Midday – 4pm						
4pm – 5pm						