



Referral / Request To Participate in WRDA Ride Therapy and Unmounted Programmes Page 1

This form must be completed by ALL new prospective clients to WRDA prior to joining WRDA Programme/s. The following information is required to enable our RDA Group to initially consider whether we are able to accept any prospective client. All information supplied will be considered confidential, and stored and used only in accordance with the Privacy Act 1993. Please note that questions marked with an (**) are required for statistical purposes only and do not affect eligibility to the programme. Please also note that we do have a weight limit of 75kg for our Ride Programme due to the workload on our therapy horses.

Prospective Client's Name: _____

I am interested in (please circle all that apply): Ride Therapy Programme **AND/OR** Unmounted Programme

Date of Birth: _____ Height: _____ Weight: _____

Ethnicity** (optional): European Maori Pacific Island Asian Other: _____

Gender: Male **OR** Female

Main Diagnosis: _____

All disabilities / difficulties (please tick all that apply):

- _____ Educational (E.g. Learning difficulties, ADHD,SD, Developmental Delay)
- _____ Hearing (E.g. Listening limitations)
- _____ Visual (E.g. Eyesight limitations)
- _____ Medical (E.g. Cancer, Cystic fibrosis, Haemophilia)
- _____ Intellectual (E.g. Downs Syndrome, IHC, Fragile X)
- _____ Physical (Eg. Impaired range of movement, spina bifida, cerebral palsy)
- _____ Psychological (E.g. Mental illness, bipolar, schizophrenia, depression)
- _____ Socio/Emotional (E.g. Youth at risk)

Surgical Procedures/or Devices/or Orthoses: _____

Medication: _____

Allergies: _____ Epilepsy: _____

Other relevant information/precautions: _____

What you hope to achieve from a course of therapeutic riding/unmounted programme: _____

This client will be attending RDA as: An Individual **OR** As part of a School or Group: _____

Name of person/s responsible for this client when attending RDA: _____

This person is a: School Coordinator / Teacher Aide / Parent / Guardian / Relative / Other: _____



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PRIMARY PARENT/S or GUARDIAN/S to Client: _____

Relationship: _____

Address: _____

Email (Note that an email address must be provided here): _____

Daytime Phone Number: _____ Cellphone Number: _____

Do you have any skills you are willing to help WRDA with: _____

Eg. Marketing, fundraising, bbq, legal advice, IT help, manual labour, etc.

IN CASE OF AN EMERGENCY the following person should be contacted: _____

Relationship to Client: _____ Emergency Contact Number/s: _____

TERM RIDE FEE INVOICES should be addressed to and sent to the following person/school/group:

Primary Parent / Guardian (as listed above) OR Person/School/Group listed below

Name: _____ Relationship to Client: _____

Address: _____

Email (Note that an email address must be provided here): _____

Daytime Phone Number: _____ Cellphone Number: _____

ALL FURTHER CORRESPONDENCE from RDA should be referred through the following person/school/group:

(Correspondence includes Information on Term Dates, Reports, Important changes and information, etc.)

Primary Parent / Guardian (as listed above) OR Person/School/Group listed below

Name: _____

Relationship to Client: _____

Address: _____

Email (Note that an email address must be provided here): _____

Daytime Phone Number: _____ Cellphone Number: _____

- I understand that this information is required to enable WRDA Group to consider the suitability to participate in an RDA programme.
- I understand and consent that if accepted, further medical and educational information will be required and can be supplied for safety and planning purposes.
- I understand that final acceptance will be at the discretion of the WRDA Group personnel, after consultation with other relevant people / agencies where necessary, and that request/referral does not guarantee entrance into any of WRDA programmes.

Signature of Rider/Parent/Guardian: _____ Date: _____

This referral is being requested by**: _____ Designation: _____

***Incomplete forms will be returned. Please check ALL sections are completed in full and return this form to:
Wellington Riding for the Disabled, P O Box 58-214, Whitby, Porirua 5245.***