

## INFORMATION SHEET AND EXPRESSION OF INTEREST FORM

#### **Dear Applicant**

We are very pleased that you are considering participating with RDA Victoria. Here is some important information you will need to read before being placed on one of our centre waiting list.

Please ensure you visit our website (www.rdav.asn.au) for a list of our centres and days and times of our programs. You will need this information to fully complete the form.

Once this information sheet and form has been read and filled in by you or your parent/guardian and you have decided that you are able to participate you should return it to:

info@rdav.asn.au or RDA Victoria 400 Epsom Road Flemington, 3031

If you have any of the conditions listed below, riding will not be a suitable activity for you and you should contact your local council to find out about other sport or recreation programs.

#### Conditions that will prevent you from riding or carriage driving

Condition					
1.	Extremely poor head control				
2.	Excessive, chronic and/or recurring pain, especially as a result of physical activity				
3.	Pathological fractures – ie. osteogenesis imperfecta, severe osteoporosis				
4.	Uncontrolled seizures - categorised by tonic/clonic type occurring more than once a week				
5.	Acute stage rheumatoid arthritis or juvenile rheumatoid arthritis				
6.	Open pressure sores, or wounds				
7.	Unstable spine-Including the following conditions: recent spinal injury and/or surgery, atlanto-				
	axial dislocation, spondylolysthesis, acute disc herniation				
8.	Spinal fusion with rod type internal fixation-ie Harrington or CD rods				
9.	Severe behavioural disorders characterised by frequent, aggressive episodes resulting in				
	safety concerns to self and others				
10.	Severe fatigue related conditions ie. multiple sclerosis, muscular dystrophy, ABI				
11.	Severe clotting related blood disorders ie. haemophilia and/or medication/treatments which				
	cause clotting related disorders such as heart conditions/chemotherapy				
12.	Degeneration/dislocation of the hip joint				
13.	Mismatch with Centre Horse, Volunteer and/or Equipment Resources				

We will assess your expression of interest and if you do not have a condition that prevents you from participating, we will send your application on to the appropriate centre to be placed on a waiting list.

Please complete all questions on the Expression of Interest form on page 2

Riders/forms/EI Form 1 Page 1 of 2



# INFORMATION SHEET AND EXPRESSION OF INTEREST FORM

### \*Please complete all areas

Parent/Guardian/Carer (if applicable)  Service Provider (if applicable):  Address:  Suburb:	First name:	Surname:		Preferred pronoun:			
Address: Suburb: Telephone A/H: B/H: Mobile: Email: Date of birth: Height: Cm Weight: Kg Diagnosis: (Please be specific)  Functional Capacity (this will assist RDA coaches in assessing you for programs) What is your preferred method of communication (eg, verbal, Auslan, PECS, etc)?  Do you use a mobility aid? Yes / No If yes, what do you use? Can you walk up and down steps: Unaided Unith assistance Do or (unable to balance independently) Good (Can stand on one leg) Can you get in and out of a car: Independently With assistance Are you able to hold a spoon? Yes / No Are you able to hold a spoon? Yes / No Are you able to put your own socks on? Yes / No Are you able to follow instructions? Yes / No Does your functional ability remain stable or does it change (fluctuate)?  (Please visit www.rdav.asn.au for our list of centres, times, and days before answering below) Nominated Centre/s (maximum of two centres):	Parent/Guardian/Carer (if applicable)						
Suburb: Telephone A/H: B/H: Mobile: Email: Date of birth: Gender: M / F / Other Height: Cm Weight: Kg  Diagnosis: (Please be specific)  Functional Capacity (this will assist RDA coaches in assessing you for programs) What is your preferred method of communication (eg, verbal, Auslan, PECS, etc)?  Do you use a mobility aid? Yes / No If yes, what do you use? Can you walk up and down steps: Unaided Unith assistance I hoding the rail With assistance Good (Can stand on one leg) Great (Can ride a two-wheel bike)  Can you get in and out of a car: Independently With assistance Are you able to hold a spoon? Yes / No Are you able to put your own socks on? Yes / No Are you able to put your own socks on? Yes / No Does your functional ability remain stable or does it change (fluctuate)?  (Please visit www.rdav.asn.au for our list of centres, times, and days before answering below)  Nominated Centre/s (maximum of two centres):	Service Provider (if applicable):						
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Preferred Day: Time: ☐ Morning ☐ Afternoon ☐ Late Afternoon	Nominated Centre/s (maximum of two	o centres):					

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