

To:

Riding for the Disabled Association (RDA) – Application Form

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 Bracher
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

(* If you require further details of possible contra-indications, please contact Muirfield Riding Therapy.)

Signature Name

Appointment Phone Number

Date

Riding for the Disabled Association Incorporating Carriage Driving

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