



# RIDING FOR THE DISABLED ASSOCIATION OF WESTERN AUSTRALIA INC RIDER REGISTRATION APPLICATION

Copies of this form are to be kept by: 1. The original will be kept by the State Office RDAWA. 2 The Centre. 3 The applicant.

NEW RIDER

RENEWING

## RIDER DETAILS

MEMBERSHIP YEAR \_\_\_\_\_

CENTRE NAME \_\_\_\_\_

Mr/Miss/Ms/Other First name \_\_\_\_\_

Surname \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (Home) \_\_\_\_\_

Phone (Mobile) \_\_\_\_\_

Email \_\_\_\_\_

Gender: Male  Female

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_ Age as at 1st Jan \_\_\_\_\_

### INDIGENOUS STATUS - I WISH TO BE RECOGNISED AS

Aboriginal  Torres Strait Islander

I wish to be recognised as coming from a Culturally And Linguistically Diverse (CALD) or Non-English Speaking Background (NESB) Yes  No

Country of Birth \_\_\_\_\_

Language/s Spoken at Home \_\_\_\_\_

### EFFECTIVE COMMUNICATION METHOD

SPOKEN  SIGN  OTHER  LITTLE/NONE

### APPLICANTS DISABILITY CATEGORY (TICK ONE BOX ONLY)

- A Rider with Intellectual Disability
- B Rider with Physical Disability
- C Rider with Cerebral Palsy
- D Rider with Vision Impairment/Blindness
- E Rider with Hearing Impairment/Deafness
- F Rider with Autism
- G Rider with Intellectual Learning/Behavioural difficulties
- H Rider with Psychiatric Condition
- I Rider with Multiple Disabilities
- J Rider with Down Syndrome
- K Rider without Disability
- L Rider with other Disability

### WOULD YOU LIKE TO RECEIVE RDAWA NEWSLETTER

YES  NO

## EMERGENCY CONTACT

Mr/Miss/Ms/Other \_\_\_\_\_

Print Full Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (Home) \_\_\_\_\_

Phone (Mobile) \_\_\_\_\_

Email \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

## MEDICAL CONSENT

Do you have or have you had any medical condition or disability (eg physical, intellectual, psychiatric or behavioural) which may affect your efficiency as a client of an RDA Centre, your safety or the safety of the public? Yes  No

If **yes**, you are required to submit a **Medical Consent Form** completed by a medical practitioner with this application. A **Medical Consent Form** is available from your Centre or State Office. You may be required by RDAWA in its reasonable discretion to provide a Medical Consent Form completed by a medical practitioner even if you have declared you do not have/had any medical condition or disability.

## RENEWING PARTICIPANT MEDICAL INFORMATION

Have any medical conditions changed in the last 12 months?

YES  NO

If YES please have your medical practitioner complete the Medical Review Form before you begin riding with RDA.

## DECLARATION

I have read, understood, acknowledge and agree to the declaration and conditions of registration. I have signed that declaration and application and warrant that all information provided is true and correct.

PRINT FULL NAME \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PARENT/LEGAL GUARDIAN CONSENT

*(In respect to an applicant under the age of 18 years or where informed consent cannot be provided)*

I have read, understood, acknowledge and agree to the declaration and application and conditions of membership and I personally consent to the declaration and application for membership of the applicant.

PRINT FULL NAME \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PRIVACY NOTE:** RDAWA is required to release information about service users (without identifying them by full name or address) to the Disability Services Commission and other service providers to enable statistics about disability services and clients to be compiled. The information is used for statistical purposes only and will not be used to influence individual entitlements or access to the service. You have a right to access your own files and to update or correct information held by Riding for the Disabled Australia.

### OFFICE USE ONLY

Date application received \_\_\_\_\_ Receipt No \_\_\_\_\_

Amount paid \$ \_\_\_\_\_

Signature of Centre Member Officer \_\_\_\_\_

Application accepted by centre

Date Application received by State Office \_\_\_\_\_

Application rejected by centre