



RIDING FOR THE DISABLED ASSOC SA INC
2021 CLIENT REGISTRATION & INSURANCE
ANNUAL FEE \$100.00 OR 6mth Fee \$50 (Jan-Jun/Jul-Dec)
Please use BLOCK LETTERS

I hereby apply for registration as a client of Riding for the Disabled Association of South Australia Ltd (RDASA) for 2021 at:

RDASA CENTRE:

NEW REGISTRATION

RENEWING REGISTRATION

SECTION 1 - CLIENT DETAILS

TITLE GIVEN NAME/S

SURNAME GENDER: MALE FEMALE NON SPEC

DATE OF BIRTH Height: Weight: kg [needed to assign approp horse]

ADDRESS (postal)

SUBURB POSTCODE

EMAIL: (Important for updates and information)

PHONE: Preferred A/Hrs Mobile

COUNTRY OF BIRTH	LANGUAGE/s SPOKEN AT HOME
I wish to be recognised as an Aboriginal: YES / NO	or Torres Strait Islander: YES / NO

CORE FUNDING: NDIS: <input type="checkbox"/>	Self: <input type="checkbox"/>	Variety: <input type="checkbox"/>	MAC: <input type="checkbox"/>	Other: _____
NDIS Number:	NDIS Plan Start Date:	End Date:		
Plan Managed: NDIA Managed: <input type="checkbox"/>	Self-Managed: <input type="checkbox"/>	OR Plan Manager: <input type="checkbox"/>		
If Plan Manager - Plan Manager Name:				
LESSONS: Fortnightly: <input type="checkbox"/>	Weekly: <input type="checkbox"/>			
NOTE: To participate in RDASA programs as an NDIS client, a budget must be included in the NDIS Plan under the support item " <u>Assistance to access community, social and recreational activities</u> " OR " <u>Core Supports</u> ".				

SECTION 2 - MEDICAL CONSENT

Prior to riding with RDASA you must submit *with this application* a **medical consent form completed by a medical practitioner**, if this is your first registration OR if there is any change to your medical condition.

A medical consent form is available from either the State Office or your Centre. RDASA may at its reasonable discretion require you to provide a medical consent form completed by a medical practitioner even if you have declared that you do not have or have not had any medical condition or disability.

DATE OF LAST MEDICAL CONSENT: Day.....Month.....Year.....

(All three date fields must be completed or forms may be returned)

Have any of your medical conditions changed in the last 12 months? **YES / NO**

Have you undergone any Medical Procedures (surgery, etc) in the last 12 months? **YES / NO**

(If YES to either, please have your medical practitioner complete a new Medical Consent Form)

DISABILITY CATEGORY (if any) ✓ Please tick appropriate boxes	
<input type="checkbox"/> A Rider with Intellectual Disability	<input type="checkbox"/> G Rider with Intellectual Learning/Behavioural Difficulty
<input type="checkbox"/> B Rider with Physical Disability	<input type="checkbox"/> H Rider with Psychiatric Condition
<input type="checkbox"/> C Rider with Cerebral Palsy	<input type="checkbox"/> I Rider with Multiple Disabilities
<input type="checkbox"/> D Rider with Vision Impairment/ Blindness	<input type="checkbox"/> J Rider with Down Syndrome
<input type="checkbox"/> E Rider with Hearing Impairment/ Deafness	<input type="checkbox"/> K No Disabilities of any kind
<input type="checkbox"/> F Rider with Autism	<input type="checkbox"/> L Other Disability _____

Please complete & copy both pages 1 & 2

WHO REFERRED YOU TO RDA SA?

<input type="checkbox"/> Self	<input type="checkbox"/> Community Health Service / Families SA
<input type="checkbox"/> Family / Friends	<input type="checkbox"/> Disability Organisation
<input type="checkbox"/> GP/ Medical Practitioner / Hospital	<input type="checkbox"/> Media / Internet
<input type="checkbox"/> School (name)	<input type="checkbox"/> Other (specify)

SECTION 3 - PARENT/CARER DETAILS

TITLE..... GIVEN NAME/s..... SURNAME

ADDRESS (*postal*)

SUBURB POSTCODE EMAIL

PHONE: Home Mobile

RELATIONSHIP TO CLIENT..... OCCUPATION.....

COUNTRY OF BIRTH..... MAIN LANGUAGE/S.....

PARENT/CARER CULTURAL BACKGROUND:

Aboriginal: **Yes / No** Torres Strait Is: **Yes / No** NESB: **Yes / No** CALD: **Yes / No**

EMERGENCY CONTACT DETAILS (*if not same as above*)

NAME..... RELATIONSHIP TO CLIENT.....

ADDRESS:

PHONE: Home Work Mobile

SECTION 4 - DECLARATION / CONSENT

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

I acknowledge that a copy of this application and declaration have the same legal effect as the original.

CLIENT SIGNATURE DATE

OR

PARENT/ GUARDIAN CONSENT (*Where a client is 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 registration, and I consent to the applicant's declaration and application for membership.

PARENT / CARER NAME:

SIGNATURE: DATE

PAYMENT: CASH / CHEQUE Amount \$ **PAID YES / NO**

PRIVACY NOTE: RDASA is required to release information about service users (without identifying them by full name or address) to the Department for Families & Communities, RDA Australia, Office for Disability & Client Services and Australian Institute of Health and Welfare, 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 services. You have a right to access your own files and to update or correct information held by Riding for the Disabled Assoc. South Australia Inc.

1 COPY TO STATE OFFICE, 1 COPY FOR CENTRE, 1 COPY FOR APPLICANT

Please complete & copy both pages 1 & 2



RIDING FOR THE DISABLED ASSOCIATION SA INC RIDER INFORMATION LEAFLET

Grievance/complaints:

Everyone involved with RDASA has the right to complain if not satisfied with the service they are receiving.

- A complaint can be made without fear of retribution or discrimination.
- Complaints will be handled promptly and in a timely and co-operative manner.
- Complaints will be handled confidentially.
- Where possible complaints will be followed to resolution.
- Complaints will be handled, in the first instance, at the point of service, then forwarded to State Office, if not resolved at the point of service, then finally to a professional body or government authority, including the police if necessary.

How to lodge a complaint

Obtain the following from your centre or from the RDASA state office:

- a grievance/complaints flyer
- a grievance/complaints flow chart
- a grievance/complaints registration form
- The grievance/complaints policy

These resources explain the procedures involved in making a complaint, how the complaint will be dealt with and the time frame for resolution.

Remember complaints and their resolutions help us improve the service we offer to our clients.

Advocacy:

RDASA is committed to supplying clients with information regarding use of an advocate.

RDASA encourages the use of advocates by clients/volunteers.

What is an advocate?

Someone who, with permission from the client, can represent the client's wishes and negotiate on their behalf.

Who can be an advocate?

- A family member
- A friend
- A member of an advocacy service

If you need to use an advocate refer to the Advocacy policy available at your centre or from the RDASA state office for the relevant procedures.

Privacy and confidentiality:

Clients/carers and volunteers have a right to expect that personal information supplied to RDASA SA will remain confidential. RDASA is bound by the Privacy Act

To find out the type of information kept by RDASA centres along with how information may be accessed, how file storage and movements are managed and the length of time records are kept, refer to the Privacy and Confidentiality Policy (2) in the Resource Manual at your centre or to the RDASA state office.

Rights and responsibilities:

RDASA is committed to regularly informing clients about their rights and responsibilities.

RDASA has a suite of governing policies and procedures which ensure that clients receive and have access to information regarding their rights and responsibilities.

These cover issues of:

- Advocacy
- Code of Conduct
- Grievance and Complaints
- Harassment
- Occupational Health and Safety
- Privacy and Confidentiality
- Service Access and Exit

RDASA is committed to inclusivity in regards to linguistic, cultural, physical or intellectual requirements.

Access and exit:

Anyone seeking to use the services of RDASA will be assessed on their needs and available resources.

Information on access, determination of the relative needs of clients, waiting times, exit processes, right to appeal, reapplication to access the service and consultation refer to your centre contact or to the RDASA state office.

Copies of relevant policies and procedures are available for view at each centre or are available from the RDASA state office.

Phone: 8377 3150

Email: admin@rdasa.org.au

Retain this page for your own reference