



# RIDING FOR THE DISABLED ASSOC SA INC 2010 RIDER REGISTRATION & INSURANCE (APPLICATION FOR MEMBERSHIP)

*Please use BLOCK LETTERS*

I hereby apply for membership of Riding for the Disabled Association of Australia Ltd (RDAA), and therefore register as a client (rider/driver) with Riding for the Disabled Association SA Inc for 2010 at RDA ..... CENTRE

**NEW REGISTRATION**

**RENEWING REGISTRATION**

SURNAME.....

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

ADDRESS *include postal* .....

STATE ..... POSTCODE ..... Email .....

I prefer to receive RDA SA correspondence by email where possible: **YES / NO**

PHONE Home ..... Work ..... Mobile .....

OCCUPATION (if any) .....

DATE OF BIRTH ..... GENDER: MALE  FEMALE

AGE AS OF 1<sup>ST</sup> JANUARY IN CURRENT YEAR.....

I wish to be recognised as an Aboriginal **YES / NO** or Torres Strait Islander **YES / NO**

*OR*

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**.....

**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**, prior to riding with RDA SA you must submit with this application a **medical consent form completed by a medical practitioner**, or a review form whenever there is any change to your medical condition. A medical consent form is available from either the State Office or your Centre. RDA SA 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**

Has 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 Medical Review Form

| <b>DISABILITY CATEGORY (if any) ✓ Please tick appropriate boxes</b> |  |
|---|--|
| <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 Other Disability  |
| <input type="checkbox"/> F Rider with Autism                        | <input type="checkbox"/> L None – Able Bodied                                      |

**Please complete & copy both pages 1 & 2**

**PARENT/CARER DETAILS**

SURNAME .....

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

ADDRESS *include postal* .....

.....

STATE ..... POSTCODE ..... EMAIL.....

PHONE Home ..... Work ..... Mobile .....

RELATIONSHIP TO CLIENT.....

PARENT/CARER COUNTRY OF BIRTH.....

PARENT/CARER MAIN LANGUAGE/s.....

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

NAME.....

ADDRESS.....

PHONE Home ..... Work ..... Mobile .....

RELATIONSHIP TO CLIENT.....

| WHO REFERRED YOU TO RDA SA?                         |   |
|---|---|
| <input type="checkbox"/> Self                       | <input type="checkbox"/> Families SA                        |
| <input type="checkbox"/> Family / significant other | <input type="checkbox"/> Hospital                           |
| <input type="checkbox"/> GP/ Medical Practitioner   | <input type="checkbox"/> Psychiatric/ mental health service |
| <input type="checkbox"/> Disability SA              | <input type="checkbox"/> Novita Children's Services         |
| <input type="checkbox"/> Aboriginal Health Service  | <input type="checkbox"/> Law Enforcement Agency             |
| <input type="checkbox"/> School (name)              |   |
| <input type="checkbox"/> Other (specify)            |   |

I would like to receive **RDA SA Newsletters** and other RDA information. **YES / NO**

**CLIENT DECLARATION** I have read, understood, acknowledge and agree to the membership declaration and application and conditions of registration. I have signed the RDAA declaration and application. I warrant 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/ LEGAL 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 declaration and application for membership of the applicant.

PARENT / CARER NAME .....

SIGNATURE .....DATE .....

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

***PRIVACY NOTE:*** RDA SA is required to release information about service users (without identifying them by full name or address) to the Department for Families & Communities, 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 South Australia.

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 RDA SA 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 RDA SA's website:

- a grievance/complaints flyer
- a grievance/complaints flow chart
- a grievance/complaints registration form
- The grievance/complaints policy (Policy 3 in the Resource Manual or RDA SA's website)

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:

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

RDA SA 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 (32) available in the Resource Manual at your centre or from the RDA SA website for the relevant procedures.

## Privacy and confidentiality:

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

To find out what types of information are kept by RDA SA 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 from the RDA website for the relevant procedures are followed.

## Rights and responsibilities:

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

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

These include: (policy number)

- Advocacy Policy (32)
- Code of Conduct for Disability Workers (33)
- Grievance and Complaints Policy (3)
- Harassment Policy (4)
- Occupational Health and Safety Policy (7)
- Privacy and Confidentiality Policy (2)
- Service Access and Exit Policy (24)

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

## Access and exit:

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

RDASA practices equal opportunity for all including women, indigenous Australians and people from culturally and linguistically diverse backgrounds.

For information regarding access, determination of the relative needs of clients, waiting times, exit, right to appeal, reapplication to access the service and consultation refer to the Access and Exit policy (24) in the Resource Manual at your centre or from the RDA SA website for the relevant procedures.

Copies of relevant policies and procedures are available for all to view at each centre in the RDA SA Resource Manual; alternatively they are available on the RDA SA website at [www.rdasa.org.au](http://www.rdasa.org.au) or may be posted or emailed upon request:

Ph 8331 1833

Email: [admin@rdasa.org.au](mailto:admin@rdasa.org.au)

**Retain this page for your own reference**