PARTICIPANT APPLICATION FORM

Please make sure you fill in this form clearly, using BLOCK CAPITALS, and return it to the **address** below via post or email

Inclusive Connecting Life-changing

CENTRE DETAILS	
Centre Name	Clwyd Special Riding Centre
Charity Number	1118241
Address	Clwyd Special Riding Centre Llanfynydd Flintshire LL11 5HN
Contact Email Address	info@clwydspecialridingcentre.co.uk
Contact Telephone Number	01352 770446

All information provided on this form will remain strictly confidential, for use by relevant personnel only, in compliance with the statutory requirements of the Data Protection Act 2018. It will be used to help us to understand any specific needs you may have and to support you. We will also use this information to contact you in relation to your activities at the Centre - this may include sending you important information about your involvement at the Centre, or any other activities you may take part in within Clwyd Special Riding Centre.

PART 1 – YOUR DETAILS *(details of the participant)*

First Name/s		**Last Name**			
What name/ nickname do you like to be known by?			**Preferred Pronouns?**		
Date of Birth		**Sex**	**M / F / I identify in another way / Prefer not to say**		
If you are not fluent in English, which language/s do you use on a daily basis?					
Address					
		Postcode			
Telephone		**Mobile**			
Email					
Do you have any previous experience of riding or carriage driving?			**YES**		**NO**
If YES, where?					
Are you joining as part of a school, college or care centre group, or similar?			**YES**		**NO**
If YES, what is the name of the school, college or centre?					
Days you are able to attend Clwyd Special Riding Centre (cross out days not available)	**Mon / Tue / Wed / Thu / Fri / Sat**				
How did you hear about Clwyd Special Riding Centre?					

PART 2 – SPECIFIC INFORMATION ABOUT YOU

Please tell us about your disability or impairment and how it affects you (to help us to understand how to support you)
Do you have any conditions that may need special attention during your activities at the Centre? Is there anything else about your disability or impairment that we should be aware of, to help us to improve your experience?
In case we need to find out more about your disability and how we can support you, please provide the name and contact details of a medical professional, who knows you and is familiar with your medical condition(s)

What is your height?		**What is your current weight?**	

Please note that the applicant's height and weight details will be used discreetly by the group's coach, to assess the suitability of available horses or ponies

PART 3 – ADDITIONAL INFORMATION ✓ ✓

ALLERGIES	Do you have any known allergies?	**YES**		**NO**	
EYESIGHT	Do you have a visual impairment, or do you have low vision?	**YES**		**NO**	
HEARING	Do you have a hearing impairment, or do you have hearing loss?	**YES**		**NO**	
WALKING/MOBILITY	Do you need any help with walking?	**YES**		**NO**	
	Can you walk up a few steps (e.g. up a mounting block to a horse)	**YES**		**NO**	
	Do you use any walking aids or supports?	**YES**		**NO**	
	Do you wear any orthopaedic appliances?	**YES**		**NO**	
	Are you a wheelchair user?	**YES**		**NO**	
	Can you take weight through your feet (e.g. sitting to standing)	**YES**		**NO**	
COMMUNICATION	Do you understand BSL and use it to communicate yourself?	**YES**		**NO**	
	Do you understand Makaton and use it to communicate yourself?	**YES**		**NO**	
INSTRUCTIONS	Would you prefer that we help you using very simple instructions?	**YES**		**NO**	
If you have answered YES to any of the above questions, please detail any additional information that you think would be helpful to us, to be able to help and support you, and give you the best experience we can					

PART 4 – DECLARATION

- I confirm that all details given on this form are true and accurate, to the best of my knowledge
- I agree that should the Clwyd Special Riding Centre Coach require additional information on my medical condition at any time, I will provide what is needed and will be willing to obtain a medical report from a medical professional, if necessary, who is familiar with my condition/s. I understand that I may be required to pay a fee for such a report.
- I confirm that I will notify the Clwyd Special Riding Centre immediately if any of the details or information provided on this form should change in any way
- I recognise that this activity involves risk, and that I, the participant, must take all reasonable precautions and follow all advice properly given, at all times
- I understand that horses and ponies, by nature, are unpredictable and as such they may react to a situation or to the local environment in such a way that the rider/ vaulter/ carriage driver may be unseated by accident

  In the absence of any negligence on the part of Clwyd Special Riding Centre, I fully understand and accept that no liability will attach to either party.

PHOTOGRAPHS/ VIDEOS	I give my consent to photographs or videos of me being taken during activities for training and/or publicity (including, but not limited to, websites, social media, newsletters and marketing materials for the Clwyd Special Riding Centre. I give this consent understanding that these images will not be given to a third party without my explicit consent	**YES**	☐	**NO**	☐
SIGNATURE	…… **PARTICIPANT / PARENT / GUARDIAN / CARER** *(please delete as appropriate)*	**DATE**			

Emergency Contact Details	It is important that we know who to contact in case you are injured or become unwell. By ticking this box I confirm that have the consent of the person below, to be contacted in an emergency during the course of activities at Clwyd Special Riding Centre.		☐
Emergency Contact Name & Relationship to Applicant		**Emergency Contact Number**	

PART 5 – APPLICANT'S PARENT OR LEGAL GUARDIAN DETAILS & CONFIRMATION OF CONSENT TO JOIN CLWYD SPECIAL RIDING CENTRE

(if this form has been completed by a parent/ legal guardian, or if the applicant is under 18 years old)

Name		**Relationship to Applicant**	
Address			
		Postcode	
Telephone		**Mobile**	

Clwyd Special Riding Centre Only:

DATE APPLICATION RECEIVED: _____

APPLICATION **APPROVED / DECLINED** (delete as applicable)

APPLICATION SUBJECT TO TRIAL PERIOD? **Y / N** **If yes, trial end date**:_____

APPLICATION REVIEW DUE DATE (MUST BE AT LEAST EVERY 3 YEARS): _____