

# CARRIAGE DRIVING HOLIDAY APPLICATION FORM 2019



## CONFIDENTIAL

**Please return this form to the holiday organiser.  
Application closing dates are listed on the brochure.**

Name of Holiday you want to attend.	
Did you apply for a place on a National Holiday last year?	YES / NO
If YES, were you accepted? (Not every application is successful)	YES / NO

<b>A YOUR DETAILS</b>	
1 Name	Mr / Mrs / Miss .....
2 Home Address including post code	..... ..... ..... Postcode .....
3 E-mail address	.....
4 Telephone Number	.....
5 Date of Birth (DD/MM/YYYY)	..... / ..... / .....
6 Height and Weight:	Height: ..... m      Weight: ..... Kg
7 RDA Group	.....
8 Guardian/Next of Kin	Name: Mr / Mrs / Miss.....
9 Address (if different from above)	..... ..... ..... Postcode .....
10 E-mail address	.....
11 Telephone Number	Day: ..... Evening: .....

<b>B PERSONAL INFORMATION (to be completed by you or your parent/guardian/carer)</b>		
1 <b>Full description and degree of all disabilities and medical conditions</b> (including balance, hearing, sight, speech and understanding)		
2 <b>Special care needed and frequency of care</b> (any condition that may call for special attention <b>MUST BE INDICATED HERE</b> ) (eg: Asthma; Diabetes; Infectious diseases, incontinence/bed-wetting, epilepsy, etc)		
3 <b>Your Medication - Regular</b> (eg for diabetes, epilepsy, etc)		
<u>Name of Drug</u>	<u>Dose</u>	<u>How often / When</u>
4 <b>Your Medication - Occasional</b> (eg for asthma, hay fever, migraine, etc)		
<u>Name of Drug</u>	<u>Dose</u>	<u>How often / When</u>
<b>PLEASE PROVIDE AN UP-TO-DATE PRESCRIPTION COUNTERFOIL OBTAINABLE FROM YOUR DOCTOR'S SURGERY</b>		
5 <b>Allergies</b> Are you allergic to any medication, food or animals? If so, what?		
<u>Animals (eg cats, dogs etc)</u>	<u>Medication</u>	<u>Food (eg peanuts, eggs etc)</u>
6 <b>Do you use a wheelchair?</b>	YES / NO	
If YES will you bring your own?	YES / NO	
What type do you use?	ELECTRIC / MANUAL	
If manual - How wide is it?	.....	
7 <b>Disability:</b>	.....	
Domestic Special equipment used:	.....	
Will this be brought with the driver?	YES / NO	
Do you wear apparatus - details:	.....	
May this be removed for driving?	YES / NO	
8 <b>Help with day to day activities.</b>	If you need assistance with day to day activities (e.g. walking, dressing, toilet, washing, feeding etc.), please ensure that you bring someone with you who can assist you with these tasks. RDA Holiday Volunteers will not be able to help you.	



**C SIGNATURES – IF APPLICABLE A CERTIFICATE OF INCAPACITY IS ACCEPTABLE**

**1 To be completed by an Adult Rider (18 years of age and over) or Carer where applicable**

I AUTHORISE THE HOLIDAY ORGANISER TO GIVE PERMISSION FOR ME TO HAVE ANY SURGICAL TREATMENT THAT MAY BECOME NECESSARY IN THE CASE OF AN EMERGENCY, IF MY NEXT OF KIN CANNOT BE CONTACTED IMMEDIATELY

Signature ..... (Rider/Carer) Date .....

**2 To be completed by a Parent/Guardian (if applicant is under 18 years of age or unable to understand this form)**

I AGREE TO ..... GOING ON A RIDING HOLIDAY AND AUTHORISE THE HOLIDAY ORGANISER TO GIVE PERMISSION FOR ANY SURGICAL TREATMENT THAT MAY BECOME NECESSARY IN THE CASE OF AN EMERGENCY, IF I CANNOT BE CONTACTED IMMEDIATELY

Signature .....(Parent/Guardian) Date .....

**NB** THE PERSON WHO HAS SIGNED IN BOX 1 OR 2 ABOVE CONFIRMS THAT THEY WILL IMMEDIATELY ADVISE RDA IF ANY OF THE INFORMATION PROVIDED IN THIS FORM, OR THE ACCOMPANYING LETTER CHANGES IN ANY WAY.

**3 To be completed by the Group Chairman or another Trustee (who is NOT the Coach)**

I BELIEVE THAT ..... HAS HAD SUFFICIENT EXPERIENCE AND IS SUITABLE FOR ACCEPTANCE

Signature ..... Date .....

Name (please print) .....

Address .....

..... Post Code .....

Telephone Number ..... E-mail .....

**PLEASE NOTE THAT THIS FORM MUST BE ACCOMPANIED BY TWO LETTERS:**

Of the following list, two people must write a letter which includes a brief description of the applicant's personality, ability etc., the reason why they are considered suitable to take part in a riding holiday and any personal problems that might affect the rider when away on holiday.

- Teacher
- Social Worker or Physiotherapist
- Parent/guardian/relative
- Your riding/driving Instructor

Please add any relevant information that will help the Holiday Organiser.

# SUPPLEMENT TO CARRIAGE DRIVING HOLIDAY APPLICATION FORM

## HELPER / COMPANION

If applicable

Please ask your Helper who will accompany and care for you on your holiday to complete the following:

Name of Helper	.....
Age	.....
Address	..... ..... ..... Postcode .....
Telephone No	.....
Email Address	.....
Are you a smoker?	YES / NO - If yes please note most holidays are based on sites that have a no smoking policy in place.
Special Dietary Requirements	
Are you a member of an RDA Group?	YES / NO
If YES please name the Group	.....
Have you a current first-aid certificate?	YES / NO
Do you hold an up to date RDA Volunteers Basic Training Card	YES / NO
On some holidays there may be limited accommodation. Are you prepared to share a room with your disabled driver if necessary?	YES / NO
13 Do you agree to photos being taken on the holiday and potentially being used for publicity?	
<input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>	
Signature of Helper / Companion	.....
Date	...../...../.....

If you are unable to come on the Holiday at the last minute please let us have details of the replacement Helper / Companion	
Name .....	Address .....
Phone number .....	.....
E-mail address .....	.....
Signature of Replacement Helper/Companion	.....
Date	...../...../.....