



NEW PARTICIPANT EXPRESSION OF INTEREST

Date: _____

Name of Person Enquiring: _____

Email Address: _____

Contact Phone Number: _____

Name of Participant: _____

Age: _____ Weight: _____ Height: _____

Disability: _____

Any Additional Comments: _____

Please circle the relevant answers below:

Is physical support needed: Y/N Walking/Sitting/Standing

Is the Client: Verbal/Non-Verbal

Preference for lessons: Weekdays/Saturdays

Are they wishing to participate in :
Group Riding Lessons/Individual Horse Interaction Program

Funding: Paid with Private Funds / NDIS Plan Managed or
Self Managed



If the participant's funds are via NDIS please note that our services have been categorised by the NDIS as recreational activities and the NDIS funds for our programs are allocated under the line items:

Assistance to access community, social and recreational activities -

Week days (04_104_0125_6_1)

Saturdays (04_105_0125_6_1)

Our session Support Fee is for the costs associated with the specialised support we provide for people with a disability to access our program activity, not for the horse-riding activity itself.

Our activities are designed to complement conventional therapies and education through the freedom of movement, gaining confidence, creating friendships and achieving individual goals.

Please contact your plan manager or review the client's NDIS plan to confirm that the client's plan is compliant, we will then organise for a mutually agreeable time to have his assessment.

I confirm that the client's NDIS plan is compliant with the above activity codes.

I confirm I have received a copy of RDA Brigadoon's fee schedule and cancellation policy

Thank you for your interest in riding at RDA Brigadoon. Please return this form to RDA Brigadoon -
rdabrigadoon2022@outlook.com