



Riding for Disabled Association of Queensland Inc

**ANNUAL CENTRE AFFILIATION FORM 2022**

Name of Centre \_\_\_\_\_

Postal Address \_\_\_\_\_

Centre Address \_\_\_\_\_

Phone number(s) \_\_\_\_\_

Email to be used for centre contact (min 2)

\_\_\_\_\_

\_\_\_\_\_

**COMMITTEE MEMBERS**

POSITION	NAME	PHONE NUMBER
CHAIRPERSON		
VICE CHAIR		
TREASURER		
SECRETARY		
BOARD MEMBERS		



<b>CERTIFY THAT YOUR ASSOCIATION</b>	<b>YES</b>	<b>NO</b>
currently incorporated with QLD Department of Justice		
currently registered with ACNC		
holds regular management committee meetings in accordance with your constitution		
Is correctly sanctioned by the QLD Department of Fair Trading		
has up to date records of all riders		
has current medical consent for all riders		
has a daily register of all volunteers, coaches and helpers		
has a written agreement signed for all leased horses and ponies		
has a qualified RDA level one coach in charge of ALL riding lessons		
Has a person with a current first aid certificate present at ALL mounted activities		
Has provided RDAQ, or attached to this document, a copy of their centre's latest AGM minutes.		
Has provided RDAQ, or attached to this document, a copy of their centre's latest audited financial report.		
Has provided RDAQ, or attached to this document, a copy of their centre's latest audited financial report.		

If answering **NO** to any of the questions, please provide additional information:



It is an insurance requirement that you list the accredited **RDA coaches** who are currently involved in taking riding sessions at you centre.

NAME	LEVEL

It is an insurance requirement that you list **RDA trainee coaches** who are currently involved in assisting with coaching sessions at your centre

NAME	LEVEL

It is a requirement that you complete statistical data for insurance, RDAA and government grant purposes:

VOLUNTEER NUMBERS			RIDER NUMBERS		
GENDER	UNDER 18	OVER 18	GENDER	UNDER 18	OVER 18
MALE			MALE		
FEMALE			FEMALE		
COACH NUMBERS			ABLE BODIED RIDER NUMBERS		
GENDER	UNDER 18	OVER 18	GENDER	UNDER 18	OVER 18
MALE			MALE		
FEMALE			FEMALE		



<b>CENTRE INFORMATION</b>		
<b>Facilities</b>	<b>YES</b>	<b>NO</b>
Indoor		
Outdoor		
Outdoor Covered		
Do you require a covered arena?		
<b>Property Information</b>	<b>YES</b>	<b>NO</b>
Centre Owned		
Leased		
Private Property		
Shared Property		
With which organisation(s)? :		
Shared Facilities		
With which organisation (s)?:		

<b>PROGRAM INFORMATION</b>	number	
How many sessions per fortnight?		
How many weeks is your Centre open each year?		
<b>What programs are run at your Centre?</b>	<b>YES</b>	<b>NO</b>
Riding		
Driving		
Vaulting		
Hippotherapy		
Unmounted		
Competition		
Do you have a session fee?		
Does the Centre conduct additional programs to supplement income?		
Able bodied riding lessons		
School holiday programs		
Fun Days/Open Days		
Other		
<b>TRAINING</b>		
How many training days held		
<b>Topics covered</b>	<b>YES</b>	<b>NO</b>
Leading		
Side walking		
Horse care		
Risk Management		
Disability Awareness		



Mounting/Dismounting		
Biosecurity		
Committee Governance		
Riding lessons		
<b>What other training resource/materials would be useful for your Centre?</b>	<b>YES</b>	<b>NO</b>
Updated Volunteer Information Booklet		
Volunteer Training Resources		
Procedure Posters (i.e., Emergency Dismount Poster)		
Fact Sheets		
Insurance Information		
Committee Governance Resources		
Other		

### Mandatory requirements by RDAA

Copies of the following forms need to be retained at your centre and copies must be sent to RDAQ State Office. These can be emailed as an electronic file.

- Consent to Participate form
- Annual Participation Registration Form states:

***We agree to abide by the RDAQ Constitution and to advise RDAQ should there be any change to our circumstances. We understand that we may nominate one voting delegate to represent us at the AGM***

Name of Chairperson \_\_\_\_\_

Signature of Chairperson \_\_\_\_\_

Name of Secretary \_\_\_\_\_

Signature of Secretary \_\_\_\_\_

Date \_\_\_\_\_

Mail: RDAQ State Office, PO Box 529, Burpengary, QLD 4505

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

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