



## YOUR DETAILS

Name: .....

Address: .....

Phone: ..... D.O.B. ....

Email address: .....

### Emergency contact details:

Name of contact: .....

Phone: .....

### Health (Cross out statement that does not apply)

I am in good health and there is no reason (such as a relevant disability or impairment) why I might reasonably be deemed by Racing Hearts to be unsuitable to participate in any horse related activity;

Or

Racing Hearts might reasonably need to consider whether I am suitable to participate in any horse related activity for the following reason(s):

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Do you have an NDIS plan? Y/N

Support Co-ordinator name: .....

Support Co-ordinator email: .....

NDIS number: .....

Plan manager name: .....

Invoice to be sent to (email): .....

Diagnosis of ASD: Y/N

What level?

Specific challenging symptoms:

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Currently engaged in other forms of therapy for ASD? Y/N

If yes, what kind of therapies e.g. Occupational Therapist etc

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Other diagnosis e.g. anxiety etc Y/N

If yes please list:

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Any allergies, food intolerances or other medical issues we should be aware of? Y/N

If yes please

list:.....

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Any other relevant notes:

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