

Information Sheet and Expression of Interest Form



119 Drakebrockman Drive, Holt, ACT 2615
+612 62549190
admin@pegasusact.com.au
www.pegasusact.com.au
ABN: 85 460 683 554

Thank you for your enquiry to Pegasus about our horse facilitated therapy programs. This sheet provides some important information you will need to read before you register.

Pegasus coaches will review your expression of interest and if you do not have a condition that prevents you from participating we will place you on our waiting list we may also contact you to undertake an assessment.

When a vacancy arises, one of our Coaches will contact you, and make you an offer for placement. We will provide you with a quote (Schedule of Supports), a Service Agreement, and all other forms and information.

Conditions that will prevent you from participating

(This may differ for the unmounted program)

If you have any of the conditions listed below, riding will not be a suitable activity for you:

- Weight in excess of 60kg (this apply to riding program only).
- Severe behavioural disorders characterised by frequent aggressive episodes resulting in safety concerns to self or others
- Uncontrolled seizures – ie tonic clonic type occurring more than once a week.
- Extremely poor head control
- Excessive, chronic and/or recurring pain, especially as a result of physical activity
- Pathological fractures – ie osteogenesis imperfecta, sever osteoporosis
- Acute stage rheumatoid arthritis or juvenile rheumatoid arthritis
- Open pressure sores or wounds
- Unstable spine, including the following conditions, recent spinal injury and/or surgery, atlanto-axial dislocation, spondylolisthesis, acute disc herniation
- Spinal fusion with rod type internal fixation – ie Harrington or CD rods
- Severe fatigue related conditions – ie multiple sclerosis, muscular dystrophy ABI
- Severe clotting related blood disorders, ie haemophilia and/or medication/treatments which cause clotting related disorders such as heart conditions/chemotherapy.
- Degeneration/dislocation of the hip joint

Expression of Interest Form

Please complete all sections and return to Pegasus

Participant Details				
First Name:		Surname:		
Date of Birth:		School (if applicable):		
Height (cm):		Weight (kg):		
Do you have a NDIS Plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending		
Do you have NDIS funding for Social and Community Participation included in your plan?				<input type="checkbox"/> Yes <input type="checkbox"/> No
NDIS Number:		Do you belong to the ATSI or CALD communities? (circle if applies)		
Diagnosis (please be specific):				
Member of an Ambulance Service <input type="checkbox"/> Yes <input type="checkbox"/> No Member No. _____				
Parent(s)/Guardian(s) Name:				
Address:				
Phone B/H:		Phone A/H:		
Employer:		Position:		
Phone Mob:		Email:		
Emergency Contact Details				
Name:		Relationship:		
Phone: H		W	M	
Availability (Pegasus operates from Tues – Sat. Please tick which times you may be available to participate)				
Tues: am <input type="checkbox"/> - pm <input type="checkbox"/>	Wed: am <input type="checkbox"/> - pm <input type="checkbox"/>	Thurs: am <input type="checkbox"/> - pm <input type="checkbox"/>	Fri: am <input type="checkbox"/> - pm <input type="checkbox"/>	Sat: am <input type="checkbox"/> - pm <input type="checkbox"/>
Programs (What programs are you interested in?)				
<input type="checkbox"/> Riding (Mounted)	<input type="checkbox"/> Horsemanship (Unmounted)	<input type="checkbox"/> School Holiday Programs	<input type="checkbox"/> Hippotherapy (Therapy on the Horse with a Physiotherapist)	<input type="checkbox"/> Day Program (for young adults)
Disability Classification				
<input type="checkbox"/> A. Intellectual Disability	<input type="checkbox"/> B. Physical Disability		<input type="checkbox"/> C. Cerebral Palsy	
<input type="checkbox"/> D. Vision Impairment/ Blindness	<input type="checkbox"/> E. Hearing Impairment / Deafness		<input type="checkbox"/> F. Autism Spectrum Disorder	
<input type="checkbox"/> G. Learning/ Behavioral Difficulty	<input type="checkbox"/> H. Psychiatric Condition		<input type="checkbox"/> I. Multiple Disability	
<input type="checkbox"/> J. Down Syndrome	<input type="checkbox"/> K. No Disability			
<input type="checkbox"/> L. Other Disability, Behavioral, medical, or conditions to note please specify...				
Mobility				
Are you able to walk independently?		<input type="checkbox"/> yes <input type="checkbox"/> no		

Do you use walking frame/crutches/sticks/other?	Specify:		
Do you use a wheelchair?	<input type="checkbox"/> yes <input type="checkbox"/> manual <input type="checkbox"/> electric <input type="checkbox"/> no		
If walking, do you have unstable/unsteady gait?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Can you sit astride?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Can you sit unsupported?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Communication			
Are you	<input type="checkbox"/> verbal <input type="checkbox"/> non-verbal		
If non-verbal, please specify current methods of communication.	Specify:		
Can you follow instructions?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Other Impairments (Do you have difficulty with?)			
<input type="checkbox"/> hearing	<input type="checkbox"/> vision	<input type="checkbox"/> allergies	<input type="checkbox"/> epilepsy
Please specify:			

Office use only

Reviewed by: _____ Date: _____