

ALTERNATIVE HAT ASSESSMENT FORM



This form must be completed by an RDA Coach in conjunction with a County Coach/Regional CD Driving Rep

Participant Name (print full name):	Date of hat assessment:
Group:	Region:
Explain why a standard Riding Hat was not suitable:	
Any other additional / relevant information (hair type/style):	
Relevant Medical Information:	
Which riding hats have been tried: Brand Name -	
Explain why the chosen hat is suitable: The hat must display a current safety standard and quality assurance mark (BSI, Kitemark)	
Date of next annual hat assessment:	
Assessor's Name printed (To be completed by an RDA Coach (or above):	Signature: Date:
Participant / Parent /Carer's Name (circle above as applicable / print full name):	Signature: Date
I, the above am aware and understand that the Hat has been assessed and approved as a non-standard hat for riding and I am happy for myself (the Participant), or as designated representative for the Participant I am signing on behalf of, to wear during RDA Activity.	

One copy of this form to be kept by the RDA Group, and one copy to be submitted to RDA National Office (groupsupport@rda.org.uk).

Please refer to the Health and safety guidelines on page 4/5 for further details regarding hats:
<https://myrda.org.uk/runningyourgroup/policies/>



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RISK ASSESSMENT for PARTICIPANT RIDING WITH AN ALTERNATIVE RIDING HAT

Participant name

Venue

List significant hazards to Participant -

List intended controls to mitigate hazards (group must ensure that there are two side-walkers with this participant at all times while mounted/drive within an enclosed area) -

Risk Assessment undertaken by (signature).....

Assessor's name (printed).....

Date of Assessment.....