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

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| 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 (if applicable):  |
| RDA Coach Name County / Regional Coach or Regional Driving Representative Name          | Signature:Signature:Date: |
| \*Participant / Parent /Carer’s Name (circle as applicable / print full name):      | Signature:Date |
| \*I (the participant) / or as designated representative for the Participant understand that the Hat has been assessed and approved as a non-standard hat for riding and I am happy for myself (the Participant), to wear it 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 ensure a risk assessment has also been completed and is periodically reviewed. Refer to the Health and Safety guidelines on page 4/5 for further details regarding hats: <https://myrda.org.uk/runningyourgroup/policies/>