

# Applicant Assessment for RDA activities



RDA Representative		Qualification	
Name of RDA Group		County/ Region	
Date, time & place of assessment		Persons present at assessment	

## Applicant's Details

Name		DOB		Height		Weight	_____st _____lbs _____kg
Max weight carrying limit of available equines		_____st _____lbs _____kg		If limit exceeded refer applicant to:			
<b>Have you...</b> <ul style="list-style-type: none"> <li>• Seen a completed application form for this person</li> <li>• Understood the medical information</li> <li>• Sought help if required from county/regional officials listed in the current RDA handbook?</li> </ul>			Yes/No Yes/No Yes/No	<b>Summary of Medical Conditions</b> (Include current conditions, sensory impairments, previous surgery etc)			
<b>Have you...</b> <ul style="list-style-type: none"> <li>• Considered if there are any contraindications/precautions? (See: <a href="http://www.myrda.org.uk">www.myrda.org.uk</a> and seek help from your county and regional officials listed in the current RDA handbook if required)</li> </ul>			Yes/No	<b>If Yes, then list here:</b>			
<b>Does the applicant...</b> <ul style="list-style-type: none"> <li>• Have epilepsy?</li> </ul>			Yes/No	<b>How does this affect their riding safety</b> (go to <a href="https://www.myrda.org.uk/therapy-medical/">https://www.myrda.org.uk/therapy-medical/</a> and view 'New Rider Assessment', in 'Useful Documents' section)			
<b>Has the applicant...</b> <ul style="list-style-type: none"> <li>• Had any previous riding experience/equine contact (<i>not only RDA</i>)?</li> <li>• Previously worn a riding helmet?</li> </ul>			Yes/No Yes/No	<b>If Yes, list experience here:</b>			

**General Observations** (e.g. awareness, interactions, posture, physical function, level of assistance required)

## Applicant Assessment for RDA activities

### Applicants functional abilities (Tick as appropriate)

Balance		Walking ability		Ascending steps		Communication	
Can sit independently on stool or similar	<input type="checkbox"/>	Walks Independently	<input type="checkbox"/>	Manages steps independently	<input type="checkbox"/>	Uses speech/sounds	<input type="checkbox"/>
Can stand still and balance without support	<input type="checkbox"/>	Uses walking aid	<input type="checkbox"/>	Requires support of one person	<input type="checkbox"/>	Uses Makaton	<input type="checkbox"/>
Can balance on left leg for a few seconds	<input type="checkbox"/>	Supported by another person	<input type="checkbox"/>	Requires support of two people	<input type="checkbox"/>	Uses Sign Language	<input type="checkbox"/>
Can walk on uneven surface without support	<input type="checkbox"/>	Wheelchair user	<input type="checkbox"/>	Unable to ascend steps	<input type="checkbox"/>	Other (specify)...	
Can walk on uneven surface with support	<input type="checkbox"/>						

### Additional comments on functional ability...

### Equipment used by applicant (Tick as appropriate)

Self-propelled wheelchair	<input type="checkbox"/>	Transit wheelchair	<input type="checkbox"/>	Powered wheelchair	<input type="checkbox"/>	Rolator/ Zimmer frame	<input type="checkbox"/>	Crutches/ walking stick	<input type="checkbox"/>	Orthotic/Splint (specify)...
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### Health & Safety Considerations




Are there any Health & Safety issues (E.g. behaviour that challenges) Yes/No

If there are health and safety issues, explain how these will be managed...

Any other general comments/information...

## Applicant Assessment for RDA activities

Movements		Comments
Able to walk in	Y / N	
Turn to sit	Y / N	
Sit on chair (no armrests)	Y / N	
Sit at front of chair	Y / N	
Free head movement 	Y / N	
Needs to prop	Y / N	
Lean trunk 4" to right 	Y / N	
Lean trunk 4" to left	Y / N	
Lean forwards a few inches and return 	Y / N	
Lean backwards a few inches and return 	Y / N	

Movements		Comments
Lift right leg and foot (maintaining good sitting posture) 	Y / N	
Lift Left leg and foot (maintain good sitting posture)	Y / N	
Straighten right knee (posture?)	Y / N	
Straighten left knee (posture?)	Y / N	
Ability to sit tall (Slump → Upright) 	Y / N	
Hold arms in position of reins and move forward and back a few inches 	Y / N	
Sit to stand	Y / N	
Stand and lift right knee (with /without support) 	Y / N	
Stand and lift left knee (with / without support)	Y / N	
Open legs wide enough to sit astride the horse	Y / N	

# Applicant Assessment for RDA activities

## Summary and recommendations

<b>Are RDA activities recommended?</b>	Yes/No	If No, then please state the reason ( <i>consider separate referral for carriage driving or vaulting</i> )...			
<b>Activities recommended</b> <i>(please tick)</i>	<b>Team required for activity</b> <i>(please tick)</i>		<b>Is any team training required?</b>	Yes/No	
Riding	Leader		<b>If yes, please state...</b>		
Unmounted sessions	Side Walkers ( <i>how many?</i> )		<b>Additional Comments...</b>		
Equine simulator	Independent rider				
<b>Riding hat type and size;</b> <i>(required for all RDA activities)</i>			<b>Does an alternative hat form need to be completed?</b>	Yes/No	
			<b>If yes, outline why and what alternative hat</b> ( <i>e.g. cycle helmet</i> )		
<b>Special equipment required</b> <i>(please tick)</i>	<b>Mounting Style</b> <i>(please tick)</i>		<b>Mounting equipment</b> <i>(please tick)</i>		<b>Dismounting Style</b> <i>(please tick)</i>
Pad/sheepskin roller	Conventional		Mounting block with steps		Conventional to ground
Special saddle	Stepover		Martello single		Leg over neck to ground
Adapted reins ( <i>circle as needed</i> ) Loop, bar, rainbow, other	Sideways sit and right leg over neck of equine		Martello double		How many people are required for dismounting? ( <i>state number</i> )
			Top Block		
Toe stoppers	How many people are required for mounting? ( <i>state number</i> )		Ramp		Other ( <i>state and give date of approval</i> )...
Bunny ears			Hydraulic Platform		
Balance strap	Other ( <i>state and give date of approval</i> )...		Hoist		
Other ( <i>please list</i> )...			Other ( <i>please detail</i> )...		
<b>Suitable available equines with weight carrying limit</b>					
<b>Recommended session</b>	Day:	Time:	Location:	Coach:	
<b>RDA representative signature</b>					