**Applicant Assessment for RDA activities**

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| RDA person  Print name |  | Qualification |  | Date |
| Name of Group |  | County  Region |  | |
| Time and place of assessment |  | Names of people at assessment |  | |

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| Applicant’s name |  | | | | | | DOB: | | Height: | | |  | | | Weight | | st lbs | kg |
| Maximum weight carrying limit of available equines | | | | | | | st lbs  kg | | Action: Complete assessment  Refer on to: | | | | | | | | | |
| Have you seen a completed Application form for this person, understood the medical information and sought help if required from county / regional officials listed in the current handbook? | | | | | | | Y / N | |  | | | | | | | | | |
| Have you considered whether there are any contraindications/ precautions? (found on the RDA website - [www.rda.org.uk](http://www.rda.org.uk))  Is there anything that you need help with? If Yes then please seek help from your county and regional officials listed in the current handbook | | | | | | | Y / N  Y / N | | If Yes then list here: | | | | | | | | | |
| Has the person had any previous riding/equine contact (not only RDA)? | | | | | | | Y / N | | If Yes then list here:  Was a riding helmet worn? Y / N | | | | | | | | | |
| Did you see the person arrive? | | | | Y / N | What did you notice? | | | | | | | | | | | | | |
| **Please tick all of the following that apply:** | | | | | | | | | | | | | | | | | | |
| **Does the person use** | | A self propelled wheelchair | A powered wheelchair | | | | Any equipment such as leg / hand splints | | | | | | | | | | | |
| **Can the person** | | Walk independently | With a wheeled walking aid | | | | With crutches | | | With a stick | | | | With physical support from another person | | | | |
| Walk on an uneven surface with help / without help | | | Stand still and balance without any support | | | | Stand and balance on their left leg for a few seconds | | | Sit independently on a stool / chair without arms and without leaning on the back of the chair | | | | | | | | |
| Walk up steps independently  e.g. mounting block | | | With help from 1 / 2 people  to walk up steps e.g. mounting block | | | | | | | | Unable to walk up steps | | | | | | | |
| **How does the person communicate?** | | | Speech / sounds | | | | | Makaton | | | Sign Language | | | | | Other | | |
| **Are your instructions easily understood?** | | | Y / N | | | **Are there any Health & Safety issues e.g. behaviour that challenges** | | | | | | | Y / N. If Yes please explain how you will manage this. | | | | | |
| **Is there any further relevant information from the person / parent/ carer?** | | | Y / N | | | | | | | | | | | | | | | |
| **Additional Information:** | | |  | | | | | | | | | | | | | | | |

**Summary and recommendations**

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| **Are RDA activities recommended?** | Y / N  If No then please state the reason: | | | **Activity recommended** | | | Riding Unmounted sessions  Equine simulator | | | |
| **Please refer on for carriage driving or vaulting** | | | | | | | | | | |
| **Riding hat type and size; a hat is required for all RDA activities** |  | | **Does an alternative hat form need to be completed?**  e.g. if a cycling helmet is more appropriate | | | | | | Y / N  Date completed | |
| **Is any special tack required? Please tick** | Pad/sheepskin roller special saddle adapted reins (loop, bar, rainbow, other) toe stoppers bunny ears balance strap no stirrups other (please list): | | | | | | | | | |
| **Suitable available equines with weight carrying limit** |  | | | | | **Mounting**  **Please tick** | | Conventional Step over    Sideways sit and right leg over neck of equine    Other (please state and give date of approval):    How many people are required for mounting? | | |
| **Mounting equipment required** | Mounting block with steps Martello single, double, top block Ramp Hydraulic platform Hoist Other | | | | | | | | | |
| **Dismounting** | Conventional to ground Leg over neck to ground Other (please state and give date of approval) How many people are required? | | | | | | | | | |
| **Team required for activity:** | Leader No of side walkers Independent rider | | | | | | | | | |
| **Is any team training required?** | Y / N | **If Yes please state what training is required** | | | | | | | | |
| **Recommended session** | Day | Time | | | Location | | | | | Coach |
| RDA Person signature |  | | | | | | | | | |