**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 | medical history |
| Maximum weight carrying limit of available equines | | | | st lbs  medical history | 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? | | | | | | |

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| **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 | | **Does the person use** | | | A self-propelled wheelchair | |
| **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:** | |  | | | | | | | | |

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| **Movements** |  | ***Comments*** |  | **Movements** |  | ***Comments*** |
| Able to walk in | Y/N |  | right_leg_liftLift right leg and foot (maintaining good sitting posture) | Y/N |  |
| Turn to sit | Y/N |  | Lift Left leg and foot  (maintain good sitting posture) | Y N |  |
| Sit on chair (no armrests) | Y/N |  | Straighten right knee (posture?) | Y/N |  |
| Sit at front of chair | Y/N |  | Straighten left knee (posture?) | Y/N |  |
| needs_to_propFree head movement | Y/N |  | sit_tallAbility to sit tall  (Slump Upright) | Y/N |  |
| Needs to prop | Y/N |  | hold_reinsHold arms in positon of reins and move forward and back a  few inches | Y/N |  |
| right_leanLean trunk 4” to right | Y/N |  | Sit to stand | Y/N |  |
| Lean trunk 4” to left | Y/N |  | lift_right_legStand and lift right knee (with /without support) | Y/N |  |
| lean_forwards_returnLean forwards a few inches and return | Y/N |  | Stand and lift left knee  (with / without support) | Y/N |  |
| lean_back_returnLean backwards a few inches and return | Y/N |  | Open legs wide enough to sit astride the horse | Y/N |  |

**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** |  | | | | | | | | | |

**Coach Assessment Guidance**

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| **Movements** |  | **Comments** |  | **Movements** |  | **Comments** |
| Able to walk in | Y/N | Balance / symmetry | Lift right leg and foot (maintaining good sitting posture) | Y/N | Needed for getting feet in and out stirrups. Mounting. |
| Turn to sit | Y/N | Chair facing. Affects mounting and motor planning / spatial awareness | Lift left leg and foot (maintaining good sitting posture) | Y/N | Is this the same for both side or is there asymmetry ? |
| Sit on Chair (no armrests) | Y/N | Ensure feet supported and flat | Straighten right knee (posture ?) | Y/N | If unable sit-stand will be hard /impossible dismounting |
| Sit at front of chair | Y/N | Remember, saddle has no back. Seek back of chair ? | Ability to sit tall  (slump upright) | Y/N | Note ability to move pelvis |
| Free head movement |  | Note | Hold arms in position of reins and move forward and back a few inches | Y/N | Is there freedom at shoulder and elbows to fellow horse’s movement ? |
| Needs to prop | Y/N | If yes will need to prop on equine, therefore does not have independent sitting balance /side help | Sit to stand | Y/N | Will affect mounting/dismounting (note how achieved ?) Rising trot |
| Lean trunk 4’’ to right  Guard if unstable | Y/N | If unable to maintain balance when leaning be careful with choice of equine, pace, turns and reaching. | Stand and lift right knee (with / without support) | Y/N | Is this the same for both sides or is there asymmetry ? Does it look awkward ? |
| Lean trunk 4’’ to left  Guard if unstable | Y/N | Can s/he sit on one seat bone? Is this the same for both sides or is there asymmetry ? |  | | |
| Lean forwards a few inches and return | Y/N | If difficult it will be hard for rider when equine halts |
| Lean backwards a few inches and return | Y/N | If difficult it will be hard for rider when equine walks on |
| Open legs wide enough to sit astride the equine | Y/N | Will inform equine choice. If hips are tight, rider will bend legs and tip back into c-sitting position. (backwards tilt of pelvis) |