Carriage Driving Coach Review Form

Coach Details

Name:	Group Name:
Group Driving Organiser:	Contact Number:
Email Address:	

Assessor Details

Name:
Contact Number:
Email Address:

Please tick when seen:

- ☐ CD Coach Logbook
- ☐ Safeguarding Certificate **Expiry Date:**
- ☐ Disclosure Check (DBS, PVG or Access NI) **Date Awarded:**
- ☐ Valid First Aid Certificate (recommended but not required) **Date Awarded:**

Brief overview of additional experience, training or CPD completed within the past 3 years:

Practical Observation

Please ensure all individual parts of the assessment are marked as √ (acceptable) or x (requiring re-assessment)

TASKS TO BE ASSESSED	√ OR X
Meeting and greeting both drivers and volunteers	x
Pre Drive checks and briefing	x
Check and warm-up of equine	x
Putting- To, fitting vehicle and harness	x
Organisation of helpers with the above tasks during driving and taking out	x
Mounting vehicle, taking up reins and whip	x
Driving turnout to demonstrate technique to assessor	x
Taking charge of mounting and dismounting of disabled driver	x
Taking charge of whole turnout and conducting safety checks	x
Working with ambulant and non-ambulant driver	x
Taking out equine, care of equine and cooling down	x
End of session feedback, plans for next session or future	x

Assessor Comments:

Please ensure that all individual points of the assessment have been marked as appropriate (√ or x). Please note- any part of the review considered unacceptable may be result in further training, and an additional review, being required.

☐ *Next review in 1 year*

☐ *Next review in 3 years*

Assessor Print Name: Signature:

Date:

When completed please email this form to the Coaching Team coaching@rda.org.uk.

Please also copy to your Regional Carriage Driving Representative and retain a copy for the Group.