

CANDIDATE MODERATION REGISTRATION FORM

TOWARDS INDEPENDENCE: ANIMAL CARE WITH HORSE RIDING & STABLE MANAGEMENT

Group Name:

Region:Date.....

Coach/Tutor/Assessor running activity

Internal Moderator's Name:

Email:

Email

(NB: The IM should be different from the Coach/tutor)

PLEASE COMPLETE CLEARLY IN BLOCK CAPITALS, CAREFULLY CHECKING THE SPELLING OF EACH CANDIDATE'S NAME. THE NAMES WILL BE PRINTED ON THE CERTIFICATES AS THEY APPEAR BELOW.

	SURNAME	FORENAME	Male/ Female	Internal Moderator Initials	Assessor Initials	Level of Support*
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

SUPPORT LEVELS

* Please choose **ONE** level of support which has been most frequently used throughout the module (this will appear on the certificate).

NH

No help - candidate can do things on their own

SH

Some/signed help – candidate was helped by someone speaking or signing suggestions

GH

Gestural help – candidate was helped by someone using hand signals or gestural prompts

PH

Physical help – candidate was helped by someone holding them and/or helping them to move

SE

Sensory Experience – the candidate is given the opportunity of being involved through a sensory experience, e.g. hearing, touch, sight or taste

ER

Experience recorded – the candidate is provided with an experience of the activity but is unable to take part

**Coach/tutor/assessor is the person running the activity and compiling and submitting the file. The internal moderator must be a different person.*

Please return to the RDA National Office.

PLEASE NOTE: CANDIDATES FOR DIRECT CERTIFICATION CAN BE SUBMITTED AT ANY TIME OF THE YEAR.