

TOWARDS INDEPENDENCE

Animal Care with Horse Riding & Stable Management

Section Witness Slip

This form is optional. It can be used to provide witnessed proof that an activity or project has been achieved, if it is perhaps difficult to demonstrate in other ways (if no photographs may be taken of the candidate, for example).

Name of candidate: _____

Module: Towards Independence - Animal Care with Horse Riding and Stable Management

Section completed: _____

Overall level of support given (see key below): _____



NH No Help: You can you do things on your own



SH Spoken / Signed Help: You are helped by someone speaking or signing suggestions to you



GH Gestural Help: You are helped by someone using hand signals or other gestural prompts



PH Physical Help: You are helped by someone holding you or helping you to move



SE Sensory Experience: You are given the opportunity of being involved through a sensory experience, e.g. hearing, touch, sight or taste



ER Experience Recorded: You are provided with an experience of the activity but are unable to take part directly

This is to confirm that: _____ (name of candidate)

has completed the above Towards Independence: Animal Care with Horse Riding and Stable Management section with the support level stated.

Signed: _____

Print name: _____

Group: _____

Date: _____

I am (please tick): ☐ Parent ☐ Guardian ☐ Tutor ☐ Carer ☐ Other: _____