

ALTERNATIVE HAT ASSESSMENT FORM



This form must be completed by an RDA Coach in conjunction with a County Coach/Regional CD Driving Rep.

Participant Name (print full name):	Date of hat assessment:
Group:	Region:
Explain why a standard Riding Hat was not suitable:	
Any other additional / relevant information (hair type/style):	
Relevant medical information:	
Which riding hats have been tried: Brand Name -	
Explain why the chosen hat is suitable: The hat must display a current safety standard and quality assurance mark (BSI, Kitemark)	
Date of next annual hat assessment (if applicable):	
RDA Coach Name:	Signature:
County / Regional Coach or Regional Driving Representative Name:	Signature:
	Date:
*Participant / Parent /Carer's Name (circle as applicable / print full name):	Signature:
	Date
*I (the participant) / or as designated representative for the Participant understand that the Hat has been assessed and approved as a non-standard hat for riding and I am happy for myself (the Participant), to wear it during RDA Activity.	

One copy of this form to be kept by the RDA Group, and one copy to be submitted to RDA National Office (groupsupport@rda.org.uk).

Please ensure a risk assessment has also been completed and is periodically reviewed.