**Applicant Assessment for RDA activities**

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| RDA person Print name |  | Qualification  |  | Date  |
| Name of Group |  | CountyRegion  |  |
| Time and place of assessment |  | Names of people at assessment |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant’s name  |  | DOB: | Height: |  | Weight |  st lbs |  kg |
| Maximum weight carrying limit of available equines |  st lbs kg | 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 / NY / 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? |
| **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 |
| **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 independentlye.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:**  |  |

**Summary and recommendations**

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| --- | --- | --- | --- |
| **Are RDA activities recommended?** | Y / N If No then please state the reason: | **Activity recommended** | Riding Unmounted sessionsEquine 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   |  |