**Sample 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: | 5ft 2 | Weight |  10 st 3 lbs |  kg |
| Maximum weight carrying limit of available equines | 14 st 7 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 |  |
| 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? Car driven by his wife. Had to have left leg lifted out and needed to hold onto door for support. Can walk with just a stick |
| **Please tick all of the following that apply:** |
| **Does the person use** | A self propelled wheelchair For distances | A powered wheelchairNo | Any equipment such as leg / hand splints:Leg Splint on left leg |
| **Can the person** | Walk independentlyNo | With a wheeled walking aid No | With crutchesNo | With a stickNo  | With physical support from another person Yes |
| Walk on an uneven surface with help / without help | Stand still and balance without any supportNo | Stand and balance on their left leg for a few seconds No | Sit independently on a stool / chair without arms and without leaning on the back of the chairYes but leans to right |
| Walk up steps independentlye.g. mounting blockNo | With help from 1 / 2 people to walk up steps e.g. mounting blockNo | Unable to walk up steps Yes |
| **How does the person communicate?** | Speech / sounds √ | Makaton | Sign Language | Other |
| **Are your instructions easily understood?**As long as short and clear | 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 / NInfo from wife. Has been looking forward to coming but a bit anxious too. Can become emotional when happy or sad. Limited vision in left eye. Some days more unsteady and tired. Not always aware of things on left side. Speech slurred when tired.  |
| **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): No reins to start with then move onto the bar rein. |
| **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): Try left side mount  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? 3 |
| **Team required for activity:**  | Leader √ No of side walkers 2 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   |  |