**Sample Applicant Assessment for RDA activities**

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| Name of Assessor |  | 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: | 5ft2 | Weight | 10st 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 |  |
| Have you considered whether there are any contraindications/ precautions? (**found on the RDA website -** **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 her husband. Had to have left leg lifted out and needed to hold onto door for support. Walking with stick. |
| **Please tick all of the following that apply:** |
| **Does the person use** | A self-propelled Wheel chair: wheelchair for distances | A powered wheelchairNo | Any equipment such as leg / hand splints:Leg splint on left leg |

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| **Movements** |  | ***Comments*** |  | **Movements**  |  | ***Comments*** |
| Able to walk in | Y/N | Walked with stick in right hand. Most of her weight stayed on her right side- she could not shift her weight over on to her left leg.  | right_leg_liftLift right leg and foot (maintaining good sitting posture)  | Y/N | She could preform this movement but held on to the seat with her right hand |
| Turn to sit  | Y/N | She could turn towards the right side only. And needed hand support | Lift Left leg and foot (maintain good sitting posture) | Y/N | She needed help with this, even when holding on to the seat with both hands |
| Sit on chair (no armrests) | Y/N | She could sit with the back support from the chair | Straighten right knee (posture?) | Y/N | She could achieve this but tended to sit back |
| Sit at front of chair | Y/N | She felt less secure unsupported, and kept her weight over to the right.  | Straighten left knee (posture?) | Y/N | She needed help to achieve this – very weak control of knee movement. |
| needs_to_propFree head movement | Y/N | She could look to each side, easier to the right. She could look down towards her feet. | sit_tallAbility to sit tall (Slump Upright)  | Y/N | She could achieve this with verbal reminders but tended to adopt a rounded trunk posture |
| Needs to prop | Y/N | She could sit unsupported but lacked confidence  | hold_reinsHold arms in positon of reins and move forward and back a few inches | Y/N | She was able to achieve this and move her hands forward and back without loosing her balance |
| right_leanLean trunk 4” to right | Y/N | yes | Sit to stand  | Y/N | She could come up to stand but most of her weight was over towards the right side and she needed hand/arm support. |
| Lean trunk 4” to left  | Y/N | Felt very insecure | lift_right_legStand and lift right knee (with /without support)  | Y/N | She needed both arms supported in order to lift her right leg off the floor and she was anxious. She struggled to support all her weight over to the left. |
| lean_forwards_returnLean forwards a few inches and return | Y/N | yes | Stand and lift left knee (with / without support) | Y/N | She could achieve this with right hand support or using a stick. |
| lean_back_returnLean backwards a few inches and return | Y/N | She did not like performing this movement and held on to the seat of the chair | Open legs wide enough to sit astride the horse  | Y/N | Yes however she needed assistance to get the left leg as wide as the right. |

**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): Loop reins attached to headcollar |
| **Suitable available equines with weight carrying limit** |  | **Mounting****Please tick** | Conventional √ Step over  AssistedSideways sit and right leg over neck of equine  Other (please state and give date of approval):  How many people are required for mounting? 3 |
| **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 initially 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**  |  |