**Assessment of Technical Delegate**

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| Candidates full name |  |
| Name & level of Event |  |
| Date of Event |  |
| Name and level of assessing official |  |

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| *Capable* | *Development clearly meets the requirements* |
| *Acceptable* | *Development meets the requirements to a limited extent* |
| *Partial* | *Development is below the requirements* |

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| How would you say that TD candidate performed her/his activities carrying out the following activities: | | | | |
|  | Partial | Acceptable | Capable | Not applicable |
| Horse inspection |  |  |  |  |
| Dressage |  |  |  |  |
| Cross country course |  |  |  |  |
| Safety |  |  |  |  |
| Flow of course |  |  |  |  |
| Going |  |  |  |  |
| Jump design |  |  |  |  |
| Distances and Dimensions |  |  |  |  |
| Cross country |  |  |  |  |
| Show jumping course walking |  |  |  |  |
| Jumping |  |  |  |  |
| Competitors briefing |  |  |  |  |
| Disciplinary Measures |  |  |  |  |

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| Please add comments supporting the above assessment: Add any specific issues that you would like to raise in respect to the following activities: | |
| Horse inspection |  |
| Dressage |  |
| Cross country course walking |  |
| Cross country |  |
| Show jumping course walking |  |
| Jumping |  |
| Competitors briefing |  |
| Disciplinary Measures |  |

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| Communication among the team of officials | Excellent | Good | Average | Poor |
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| Risk Management: do you believe the candidate feels involved with the prevention of the risks related to the sport and would apply measures in the following cases: | | | |
|  | Aware but no measures | Aware/Decisive enough | Fully aware/strong measures |
| Dangerous riding |  |  |  |
| Abuse of horse |  |  |  |
| After a rider fall (medical check) |  |  |  |

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| General Comments |
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Signature of assessing TD: .........................................................................................................

Date: ................................