



DRIVING WORKSHOP

PATH Intl. Workshop Participant Application Booklet



PATH
INTERNATIONAL

Professional Association of Therapeutic
Horsemanship International

*Ensuring excellence and changing lives
through equine-assisted activities and therapies*

PATH Intl. Workshop Participant Application Booklet

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Mission

PATH Intl., Ensuring excellence and changing lives through equine-assited activities and therapies

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PATH
INTERNATIONAL

Welcome!

Thank you for your interest in attending the Professional Association of Therapeutic Horsemanship International Driving Workshop! The following is designed to give you information to help you to arrive properly prepared to succeed and make this a positive experience. All forms and payment need to be sent to the host site you are attending for your workshop.

Getting Prepared:

Being Physically Prepared

Remember that the workshop requires physical preparedness to complete. If you have any concerns regarding your ability to participate in any of the components of the workshop, based on physical or mental limitations due to disability, injury or medical condition, contact the PATH Intl. Office.

Workshop Overview

Faculty will walk you through the basics of becoming a Driving Instructor:

■ **Driving:** Driving practice (either hands on or through demos performed by the faculty), rein and whip handling, ground driving, harnessing and putting-to demonstrations and practice

■ **Instruction:** What are the qualities of a good Driving Instructor? Come prepared to be active participants to learn a variety of activities to promote driving, creativity in lesson planning, skill progression, structure of a lesson plan, etc. Guided lesson planning and practice teaching sessions assist participants in choosing appropriate activities for specified groups of students

■ **Driving Equipment:** Review and handle many styles of harness, bits, whips and carriages plus various types of adaptive driving equipment

■ **Practice:** Participants will have the opportunity to drive gentle lesson horses in an enclosed arena and/or in a dressage test and a cones course

■ **Horses:** Training and selection of the driving horse will be discussed in addition to conformation and temperament. Examples of various therapeutic driving animals will be available

This workshop is a REQUIREMENT for the PATH Intl. Driving Instructor Certification.

Auditors

Auditing spaces may be available. Auditors are allowed for the hands on workshop only. The demo only workshops are not designed for auditors. You can however audit or demo only workshop if you feel you need a refresher (second workshop experience) prior to attending certification. **PLEASE NOTE: those who audit a hands on workshop will NOT be eligible for certification until they attend a workshop as a participant.** The Audit application fee does include lunch. Host sites accept auditors at their discretion and determine the auditor fees.

Please contact the host site for schedule and travel information.

Sample Schedule

Sample Schedule – PATH Intl. Driving 3-Day Workshop

Please be aware this schedule is subject to change at any time.

Day 1: Evening 6-9 pm

Class Room:

6:00 Introductions & Share Driving experiences

Goals of the Workshop

- Criteria for evaluation of the participants
- Four Golden Rules of Driving
- Level I & Level II

Review of PATH Intl. Driving Standards

Practice different ways of holding reins using a rein board

- Practice using two sets of reins using rein board
- Styles of holding reins
- Types and use of whips
- Discussion of driving aids
- Practice using two sets of reins and a whip
- Ground Driving (with each other)

Basic Harness Parts

Done for the evening

DAY 2: Morning 8:00 – 12 pm

Class Room:

Qualities of an instructor

Posture and Alignment

Learning styles

Skill Progression

What/How/Why

Task analysis & Role Playing

Class Format/Structure

Demonstration of harnessing, Ground Driving &

Putting to

- Groom and harness horses – 2 participants per horse
- Demonstrate ground driving your horse
- Put horse to vehicle
- Drive in an enclosed area at walk, trot, halt, & rein back
- Unhitch horse; remove harness, care of horse and harness

DAY 2: Afternoon 1:00 – 6:30 pm

Disabilities

*Discussion of disabilities most appropriate for driving

Lesson Plans – Block Plans

Discussion of volunteer training

- Positions for driving for individuals with disabilities
- How to set up a volunteer training manual

What type of training does your volunteers need & how to get it?

Horses/ponies suitable for Individuals with Disabilities
Evaluation/testing of horses/ponies being considered for disabled driving

Vehicle types and adaptation suitable for individuals with disabilities

- Photos of different adapted vehicles
- Compare types of vehicles from pictures
- Selection of appropriate vehicle for your horse/pony
- Two wheeled carts
- Four wheel carriages
- Easy entry
- Wheel chair accessible

Styles of harness and their use

- Carriage harness with collar and breast collar
- Light harness for the breed show ring
- Draft harness

Harness maintenance; wear points, hanging and storage
Bits—kinds of driving bits, parts of the bit, action of the bit
Work on Mock Lesson # 1

DAY 3: Morning 8:00 – 12:00 pm

Barn Area:

8:00 Tips on driving the Dressage test and cones course

Practice Dressage and Cones to be driven

Demo: Mock Lesson Plan # 1

- Student role playing
- Drive turnouts with two sets of reins
- Practice teaching a student with a disability (mock)

Putting in all together – Demo Driving Lesson

Emergency Plan to unhitch

Overheated horse, stress horse, T.P.R.

Put away horses, harness, and vehicles

12:00 LUNCH

DAY 3: Afternoon 1:00 – 3:00

Barn Area:

Practice with adapted vehicles not put to a horse/pony

- Develop team approach to entering ramped vehicle with wheel chair
- Role playing to use volunteers to help enter and exit vehicles
- Problem solving with different types of disabilities

Alignment Vehicle care and maintenance

- Balance, height and weight of vehicles
- Points on buying a used vehicles

Class Room

Discussion and critiques of Dressage and Cones

Q & A session – wrap up and evaluation and participant skill assessment

Application Policies & Procedures

It is recommended that participants do not make non-refundable travel arrangements until a confirmation email is received with travel and lodging information.

- All application deadlines are set by the host site.
- Application materials must be typed, or clearly written, and submitted to the host site.
- If less than the minimum number of participants registers for a location by the application deadline, the Workshop may be canceled.

Application Fee

The application fee for the PATH Intl. Driving Workshop is set by each host site.

Accommodation Requests

Requests for an accommodation to any part of the workshop must be made in writing and submitted to the PATH Intl. office with the initial application form. All requests for accommodations will be reviewed by the PATH Intl. Driving Certification Subcommittee on an individual basis, and applicants will be notified of the committee's decision. All requests relating to a medical reason must include a note from your physician. For more information please contact the PATH Intl. office.

Medical Condition Policy

In the event of injury or medical condition that may not necessarily preclude the candidate from completing all portions of the Workshop, but may affect participation in any way, it is recommended that the candidate seek the advice of a physician before participating in any activities that involve exercise, driving, handling or being near horses. It is also the responsibility of the candidate to make PATH Intl., the host site and Faculty aware of such condition.

Application Cancellation Policy

Please check with the host site concerning their refund policy.

Path Intl. Driving Workshop

Demo Only – Application

Please type or clearly print in ink



Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip/Postal Code _____

Phone: Daytime _____ Evening _____

Fax _____ E-mail _____

I wish to Attend/Audit the PATH Intl. Driving Instructor Workshop Demo-Only offered on the follow date:

_____/_____/_____ to ____/____/_____ Location: _____

I am at least 18 years of age (workshop is good for 2 years, must be 21 to attend certification)

I am a current PATH Intl. Individual Member PATH Intl. # _____

(If not I have completed the individual member application and included the fee of \$45.00 or called the PATH Intl. office)

No membership needed to Audit

I have enclosed \$_____ for the Driving Instructor Workshop Demo-Only Fee

I require wheelchair accessible facilities, or I will bring an assistance animal, or other

I wish to pay by:

(If already paid please indicate check # _____ and/or date mailed _____)

Check (Make payable to host site) VISA MasterCard

Credit Card Number _____ Expiration Date _____

Applicants Signature _____ Date _____

MAIL: Please send to host site

PATH Intl. Driving Workshop Participant/Auditor Application

Please type or clearly print in ink



Name _____ Date of Birth _____
Address _____ City _____ State _____
Zip/Postal Code _____ Profession _____
Height _____ Weight _____
Phone: Daytime _____ Evening _____ Cell _____
Fax _____ E-mail (required) _____

I wish to attend the PATH Intl. Driving Workshop offered on the following: (fill in blank and check participation type)

Date & Location: _____ as a: Workshop Participant Auditor
Travel & Lodging Information and schedule will be included with confirmation email

All Participants: (*Workshop Participants and Auditors*)

- I am at least 18 years of age
 - I am a current PATH Intl. Individual Member or have included the Nonmember Application Fee below
PATH Intl. Member # _____
NOTE: You must be a PATH Intl. member to attend the workshop. Please contact the PATH Intl. office.
 - I have read and signed the enclosed forms
 - I require wheelchair accessible facilities, or I will bring an assistance animal, or other
-

I am a PATH Intl. Member:

- I have enclosed payment information to participate in the PATH Intl. Driving Workshop
- I have enclosed payment information to audit the PATH Intl. Driving Workshop

I wish to pay by:

- Check (Make payable to PATH Intl. in U.S. Funds) Check # _____
- VISA MasterCard American Express

Name as appears on Card _____

Credit Card Number _____ Expiration Date _____

Applicants Signature _____ Date _____

Please mail or fax complete application to: The host site

PATH Intl. Driving Workshop Profile Form

(Please attach another sheet if necessary)

Name _____ PATH Intl. Member # _____

My experience with driving is best described as: (check one)

- No experience
- Lessons in driving from: _____
- Self-taught
- Other (describe): _____
- Comments: _____

Please describe your current driving activity and skills including horses and vehicles:

What are your goals from this workshop?

What do you consider your strengths and weaknesses in yourself and driving?

Evaluate your knowledge of horses and horsemanship:

Evaluate your understanding of individuals with disabilities and driving (please attach extra sheets if needed):

Print Name: _____ Signature: _____ Date: _____

PATH Intl. Driving Workshop Liability Release Form



(Participant's Name) _____ would like to participate in the Professional Association of Therapeutic Horsemanship International (PATH Intl.) Driving Workshop. I acknowledge the risks and potential for risks of working with and around horses or ponies. However, I feel that the possible benefits to myself/ my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against the Professional Association of Therapeutic Horsemanship International, its board of directors, aides, volunteers and/or employees and workshop/certification faculty for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in the PATH Intl. Driving Workshop.

Signature _____ Date _____
(Participant, Parent or Guardian)

PATH Intl. Photo Release Form

I hereby consent to and authorize the use and reproduction by the Professional Association of Therapeutic Horsemanship International (PATH Intl.) of any and all photographs taken of me/my son/my daughter/my ward for promotional printed materials, educational activities, PATH Intl.'s website, exhibitions or for any other use for the benefit of PATH Intl. and equine assisted activities.

Signature _____ Date _____

For PATH Intl. Records

Name _____

Name of person(s) in photo _____

Address _____

City _____ State _____ Zip _____

Phone/email _____



PATH Intl. Driving Workshop

Authorization for Emergency Medical Treatment Form

In the event emergency medical aid/treatment is required due to illness or injury during the process of participating in the Professional Association of Therapeutic Horsemanship International (PATH Intl.) Driving Workshop, or while being on the property of the host facility, I authorize the PATH Intl. Faculty to:

1. Secure and retain medical treatment and transportation if needed.
2. Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment.

Participant's Name _____

Address _____

City/State/Zip _____

In the event that I cannot be reached, please contact:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any procedure deemed "life saving" by the physician. This provision will only be invoked if the person listed below is unable to be reached.

Consent Signature: _____ Date: _____

(Participant, Parent or Guardian)

Print Name: _____ Phone: _____

Address: _____ City/State/Zip: _____



PATH Intl. Driving Workshop

Authorization for Emergency Medical Treatment Form

(Continued)

Non-Consent Plan

I do not give my permission for emergency medical treatment/aid in the case of illness or injury during the process of participating in the PATH Intl. Driving Workshop or while being on the property of the host facility. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Non-Consent/Consent Signature: _____ Date: _____
(Participant, Parent or Guardian)

Print Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

