Logo, company name

Description automatically generated

**Declaration Form for Activity Leader**

To be filled out by Activity Lead applicant and completed by Group trustees and Group Coach before sending to the Training and Education Team at RDA National Office.

|  |  |  |  |
| --- | --- | --- | --- |
| **RDA Group Name**: |  | | |
| **Mr/Mrs/Miss/Ms** |  | | |
| Address: |  | | |
|  |  | | |
| Postcode: |  | | |
| Telephone Number: |  | | |
| Mobile: |  | | |
| Email: |  | | |
| External Qualifications: |  | | |
| **Please sign here to say that you have seen the following:** | | | |
| COMPLETED GREEN CARD | |  | |
| PREPARING AND ASSISTING | |  | |
| EQUINE KNOWLEDGE | |  | |
| DISABILITY AWARENESS | |  | |
| SAFEGUARDING CERTIFICATE | |  | |
| **Please sign here to say that you are confident the above-named person can deliver unmounted, static sessions safely and in an appropriate manner.  (Reviews will take place every year from the date of this form)** | | | |
| GROUP TRUSTEE | |  | Date: |
| GROUP TRUSTEE | |  | Date: |
| GROUP COACH | |  | Date: |
| ACTIVITY LEADER | |  | Date: |