

**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.

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| **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: |