

## Carriage Driving Assessor Claim Form

**Please return this form within 1 month of completing the assessment, along with assessment paperwork.**

|          |                 |
|----------|-----------------|
| Name:    | Email Address:  |
| Address: | Contact Number: |

### Assessment Details

|                |       |
|----------------|-------|
| Venue:         | Date: |
| Assessment of: |       |

Please tick as appropriate:

|   |                          |
|---|--------------------------|
| <b>Please pay £40 direct to my bank account:</b>          | <input type="checkbox"/> |
| <i>RDA National Office already has my bank details:</i>   | <input type="checkbox"/> |
| <i>RDA National Office does not have my bank details-</i> |                          |
| Account Number: _____                                     | <input type="checkbox"/> |
| Sort Code: _____  |                          |
| <b>or/ Please pay £40 via cheque:</b>                     | <input type="checkbox"/> |
| Make cheque payable to: _____                             |                          |
| <b>Date*:</b>   |                          |

When completed please email this form to the Coaching Team [coaching@rda.org.uk](mailto:coaching@rda.org.uk).

