

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:

Please pay £40 direct to my bank account:	<input type="checkbox"/>	Total = £120
<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: _____	<input type="checkbox"/>	
or/ Please pay £40 via cheque:	<input type="checkbox"/>	
Make cheque payable to: _____		
Date*:		

When completed please email this form to the Coaching Team coaching@rda.org.uk.

