

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 Coaching Team at RDA National Office.

RDA Group Name:		
Full Name:		
Date of Birth:		
Address:		
Postcode:		
Phone Number:		
Email:		
External Qualifications:		
Please sign here to say that you <u>have seen</u> 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: