

CERTIFICATE OF COMPETENCE FOR EXTERNAL EVENTS



TO BE COMPLETED BY THE GROUP/DRIVING COACH

COACH NAME: _____

RDA QUALIFICATION: _____

GROUP EVENT ORGANISER: _____

GROUP, COUNTY OR REGION INVOLVED: _____

EVENT VENUE: _____ POST CODE _____

EVENT ORGANISER: _____ CONTACT NO: _____

DATE OF EVENT: _____

Signed:
(Coach)

Date:

TO BE COMPLETED BY REGIONAL COACH/REGIONAL DRIVING REP

I CONFIRM THAT THE INDIVIDUAL NAMED ABOVE IS COMPETENT TO COACH AT THE EVENT DETAILED ABOVE AS A GROUP COACH CERTIFICATE HOLDER/DRIVING COACH:

Signed:
(Regional Coach/Regional Driving Rep)

Date:

A COPY OF THIS FORM SHOULD BE COMPLETED AND SENT WITH THE "ATTENDING AN EXTERNAL EVENT FORM" TO RDA NATIONAL OFFICE BEFORE THE EVENT TO ENSURE ADEQUATE INSURANCE COVER.

PLEASE KEEP ORIGINAL FOR YOUR RECORDS