Q-Ride Monthly Activity Summary

1.	Register Service Provider (RSP) details

RSP Name: _____ Month: _____ Year: _____

2.	Details of Learners

Total number of learners trained for RE for the month	
Total number of learners trained for R for the month	
Total number of hours trained and assessed **(add the total hours for each learner, do not need details of individual learners hours listed)**	
Total number of RE Competency Declarations issued for the month **(do not include cancelled certificates)**	
Total number of R Competency Declarations issued for the month **(do not include cancelled certificates)**	
Total number of trainers that trained during the month	
Total number of hours accredited rider trainers are engaged in the active delivery of Q-Ride training and assessment to learner riders	

3.	Competency Declaration Certificates issued (Block/s of certificate numbers - eg QR109136 – QR109201)

QR	to QR	QR	to QR	QR	to QR
QR	to QR	QR	to QR	QR	to QR
QR	to QR	QR	to QR	QR	to QR

4.	Cancelled Competency Declaration Certificates

Please advise the total number of cancelled certificates for the month. List each certificate number that has been cancelled and the reason for cancellation. **Competency Declaration Certificates with alterations need to cancelled and re-issued**. List of reasons include:

- Error   (provider has made an error in completing the certificate)
- Lost   (provider or learner may have lost the certificate)
- Stolen   (the certificate may have been stolen from the provider or learner)
- Destroyed   (the certificate may have been destroyed by the provider or learner)

Total number of Competency Declaration Certificates cancelled during the month: _____

Certificate Number	Reason (See above)	Certificate Number	Reason (See above)

5.	Situations which occurred during the month

There were ___ situations involving medical treatment, hospitalisation or an incident involving the QPS reported by the next business day to TMR during the month.	There were ___ minor situations not reported to TMR during the month. Q-Ride Incident Reporting forms for these minor incidents must be attached to this summary.

6.	Please send me _____ Q-Ride Competency Declaration Certificate Books

Please ensure you advise how many additional Q-Ride Certificate books are required for the following month.

Note: Please attach the blue copies of **all** Q-Ride competency declaration certificates issued to learners for the month indicated on the Monthly Activity Summary. This includes the blue copies of all certificates that have been cancelled. The white copy and the yellow copy are to be retained by the RSP. These blue copies are to be sorted in numerical sequence with the lowest number first.
Please forward this Q-Ride Monthly Activity Summary within 7 working days after the end of each calendar month to the Q-Ride Administrator, Department of Transport and Main Roads, PO Box 673, Fortitude Valley Qld 4006.

7.	I declare that the information provided in this statement is complete, true and correct in every detail.

Name: _____Signature: _____Date:_____
Authorised Officer on behalf of the RSP (Name and Signature)