## POSITION DESCRIPTION – ACCREDITATION COORDINATOR



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Issued: 20180210	Reviewed: 20191202	Authorised By:	Director Communication & Marketing

#### **PURPOSE OF POSITION:**

To facilitate the ATHRA Accreditation Program to ensure courses are held as and when required in accordance with current policies and procedures.

Oversea the activities of ATHRA trainers and conduct annual assessments for each trainer.

Represent ATHRA in a professional, positive and appropriate manner.

### **KEY OBJECTIVE FOR THIS POSITION**

Ensure the ATHRA Accreditation Program is managed effectively whilst providing continued support and guidance to our members and trainers.

## **FUNCTIONS OF THE POSITION:**

- Regularly liaise with the Regional Managers and ATHRA Directors with regard to all accreditation matters.
- Maintain a record of costs incurred for the provision of accreditation courses.
- Ensure all expenses are processed and forwarded to the Finance Director in a timely manner and that all
  expenses claimed are in accordance with the current expenses policy and procedures. All claims must be
  made within 30 days of the expenditure being incurred, all expenses for December must be claimed prior
  to the end of financial year being 31 December.
- Maintain full statistics of course participants, host club, location, courses conducted and trainers responsible.
- Provide a quarterly report (minimum) or as requested to the Board.
- Process Certificates of completion for successful participants and distribute electronically.
- Maintain ATHRA's National Accreditation Calendar and work with host clubs to promote all courses via the ATHRA website and newsletter.
- Assist Trainers with any queries or concerns in relation to program delivery.
- Conduct annual review of procedures and training package to ensure compliance, relevance and opportunities for improvement.
- Maintain the Accreditation Register and liaise with Membership Registrar as required to verify data.
- Perform annual compliance audit to ensure integrity of Accreditation Register (ie. Accreditation lapses if members do no remain financial).
- Member Accreditation Renewal Notices to be forwarded via email to Club Secretaries 2 months prior to
  the noted expiry date. The email should include the member's name, the Accreditation level (Trail Boss,
  Ride Steward, Ride Coordinator), the accreditation expiry date and an option for the Club to other approve
  or reject.

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<b>TERM</b> : The terms of this position are as follows:				
Time Frame:	Must be available for period of tenure (indicatively 2 years)			
Resources:	Out of pocket expenses including phone, travel, consumables (pre-approved by the Board)			
Recognition & Reward:	Modest annual gift and honorarium subject to approval by the Board			

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Recognition & Reward: Modest annual gift and honorarium subject to approval by the Board								
<b>TRAINING REQUIREMENTS FOR THIS POSITION:</b> The holder of this position requires training in these areas in order to promote success:								
Training as determined by t	Training as determined by the Board							
REVIEW OF POSITION DESCRIPTION:								
This position description will be reviewed								
DATE / /	BY Entire Board							
Was conducted in consultation with the person/s holding this position								
REVIEW OF POSITION PERFO	ORMANCE:							
This individual's performance will be reviewed								
DATE / /	BY 2 persons elected by	by the Board + 1 external person						
Was conducted in consultation with the person/s holding this position								
SIGN OFF								
I have read and understood all the policies, procedures, incorporation, and legislation requirements expected of this position.								
I hereby agree that I am able to carry out the requirements as detailed and I agree to up hold the vision, values, goals and policies of ATHRA.								
I hereby agree to regularly attend committee meetings, special meetings and Association functions required of my position.								
I accept that if I am unable to complete my responsibilities in accordance with the determined expectations, that I will vacate the position immediately; and/or acknowledge the Association will have the right to declare the position vacant								
POSITION HOLDER								
NAME	SIGNATURE	DATE						