|  |  |
| --- | --- |
| EVENT DETAILS | |
| Event: (e.g. Under-10s' coaching sessions) | DATE: |
|  |  |
| Club lead name, role for session and contact number: | |
|  | |
| Second adult CLUB OFFICIAL name, role for session and contact number: | |
|  | |
| Designated safeguarding person name and contact details: | |
|  | |

|  |  |
| --- | --- |
| VENUE DETAILS (e.g. Club) | |
| Venue name and address: | |
|  | |
| Venue lead contact name: | contact NUMBER: |
|  |  |
| Venue GPS co-ordinates: | WiFi access: |
|  |  |

|  |  |  |
| --- | --- | --- |
| Club policies and procedures being followed | YES | NO |
| Safeguarding children |  |  |
| Adults at risk |  |  |
| Social media use |  |  |
| Use of photograph and filming |  |  |
| Anti-bullying |  |  |
| Code of Conduct, including acceptable behaviour |  |  |
| Equality, diversity and inclusion |  |  |
| Managing challenging behaviour |  |  |
| Other(s): e.g. parent/carer consent |  |  |

|  |  |
| --- | --- |
| EMERGENCY PROCEDURES | |
| Emergency Action Plan: | YES NO |
| Location of nearest defibrillator: |  |
| Name of designated runner to bring defibrillator to incident site: |  |
| Location of any access barrier keys: |  |
| Emergency vehicle access: |  |
| Air ambulance landing station: |  |

|  |  |  |
| --- | --- | --- |
| Insurance cover | YES | NO |
| Personal Accident and Public Liability insurance cover |  |  |

**THE NUMBERS IN RED WHICH OCCASIONALLY APPEAR IN THE FIRST COLUMN OF THE EXAMPLES REFER TO FA SAFEGUARDING GUIDANCE NOTES, WHICH YOU CAN FIND** [HERE](https://www.thefa.com/football-rules-governance/safeguarding/section-11-the-complete-downloads-directory)**.**

**Note: The numbers in red which occasionally appear in the first column of the examples refer to FA safeguarding guidance notes, which you can find** [here](https://www.thefa.com/football-rules-governance/safeguarding/section-11-the-complete-downloads-directory).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Area of  concern/risk | What are the concerns/risks relating to?   * Children (under 18s)? * Adults at risk of harm? * Consider additional needs/disability | Risk Level | Actions to reduce or remove the concern/risk? | Responsibility | Communication briefing or training | Change to risk level | Review activity (Who?) |
| **FACILITIES:**  Access to toilets, e.g.:   * Supervision; * Hand-washing and/or rub ‘washing’ facilities. |  |  |  |  |  |  |  |
| **Adults at risk of harm** - N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Site boundaries, e.g.:   * Public access; * Roads; * Location of facilities; * Drop-off point and access to pitches/training areas. |  |  |  |  |  |  |  |
| **Adults at risk of harm** - N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| **STAFFING:**  Staffing ratios:   * Defined lead/support roles; * Supervision under-18 volunteers.  **5.5** |  |  |  |  |  |  |  |
| **Adults at risk of harm** - N/A | N/A | N/A | N/A | N/A | N/A | N/A |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Area of  concern/risk | What are the concerns/risks relating to?   * Children (under 18s)? * Adults at risk of harm? * Consider additional needs/disability | Risk Level | Actions to reduce or remove the concern/risk? | Responsibility | Communication briefing or training | Change to risk level | Review activity (Who?) |
| Guidance re staff conduct:   * Signed Code of Conduct.   Clarity re: acceptable/unacceptable practice. **5.2** *(CWO);* **10.12** *(Respect Codes)*   * Risk assessments done for anyone carrying out high risk roles/tasks. |  |  |  |  |  |  |  |
| **Adults at risk of harm** - N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| **consent:** Parents briefed on activity and have given informed written consent to do activity.  **8.2** |  |  |  |  |  |  |  |
| **Adults at risk of harm** - N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Consent to be photographed/filmed.  **8.2** *and* **8.3** |  |  |  |  |  |  |  |
| **Adults at risk of harm** - N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Consent for contact via social media and to have info on/be visible on  social media. **6.1** *and* **6.2** |  |  |  |  |  |  |  |
| **Adults at risk of harm** - N/A | N/A | N/A | N/A | N/A | N/A | N/A |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Area of  concern/risk | What are the concerns/risks relating to?   * Children (under 18s)? * Adults at risk of harm? * Consider additional needs/disability | Risk Level | Actions to reduce or remove the concern/risk? | Responsibility | Communication briefing or training | Change to risk level | Review activity (Who?) |
| **HOW TO MAKE A REFERRAL OR RAISE A CONCERN:**  Clear procedures for referring safeguarding concerns and managing allegations against staff. **2.1** *and* **2.2** |  |  |  |  |  |  |  |
| **Adults at risk of harm** - N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Children and parents/carers given DSO details and how to raise concerns.  **7.1** |  |  |  |  |  |  |  |
| **Adults at risk of harm** - N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| **travel:**  Drop off/pick up arrangements e.g.:   * Accessible parking; * Signage; * Managing parents. |  |  |  |  |  |  |  |
| **Adults at risk of harm** - N/A | N/A | N/A | N/A | N/A | N/A | N/A |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Area of  concern/risk | What are the concerns/risks relating to?   * Children (under 18s)? * Adults at risk of harm? * Consider additional needs/disability | Risk Level | Actions to reduce or remove the concern/risk? | Responsibility | Communication briefing or training | Change to risk level | Review activity (Who?) |
| **MANAGING ADDITIONAL NEEDS:**  Participant additional needs, e.g.:   * Deaf players (BSL signers); * Blind players; * Wheelchair accessibility; * Learning disability; * Autism; * ADHD; * Pan-disability; * Impairment-specific;   Interpreters where English not spoken  **7.2** *and* **10** |  |  |  |  |  |  |  |
| **Adults at risk of harm** - N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| **MEDICAL:**   * Emergency contact numbers for participants.  **8.2***;* * Medical Emergency Action Plan (MEAP) completed − see page 12. |  |  |  |  |  |  |  |
| **Adults at risk of harm** - N/A | N/A | N/A | N/A | N/A | N/A | N/A |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Area of  concern/risk | What are the concerns/risks relating to?   * Children (under 18s)? * Adults at risk of harm? * Consider additional needs/disability | Risk Level | Actions to reduce or remove the concern/risk? | Responsibility | Communication briefing or training | Change to risk level | Review activity (Who?) |
| **MANAGING OVERNIGHT STAY(S):**   * Accessible for all e.g: * first-floor allocation; access to restaurant; * ramps; * accessible lifts. * Suitable room facilities e.g: * shower/bath; * toilet; * accessible facilities as needed; * block access to mini-bar; * block access to adult movie channels. * No sharing of beds, ensure singles/twins or single use of double bed. * Room allocation is suitable e.g: * located on same floor, if possible sole use by group; |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| * staff rooms allocated at both ends and middle of children’s rooms. * Group aware of fire drill − nearest exits. * Security e.g: * Window and door locks working. * Reception availability. * Dietary requirements catered for. |  |  |  |  |  |  |  |
| **Adults at risk of harm** - N/A | N/A | N/A | N/A | N/A | N/A | N/A |

MEDICAL EMERGENCY ACTION PLAN (MEAP)

|  |  |
| --- | --- |
| CLUB/LEAGUE NAME: |  |
| CLUB/LEAGUE ADDRESS: |  |
| POSTCODE: |  |

|  |  |
| --- | --- |
| FIRST-AIDER/HELPER INFORMATION | |
| Name | Mobile Number |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| FIRST-AID EQUIPMENT AND FACILITY | |
| Item | Location |
| Defibrillator |  |
| First-Aid kit |  |
| Stretcher  (if required and trained stretcher bearers present) |  |
| First-Aid Room |  |

|  |  |  |
| --- | --- | --- |
| ACCESS ROUTES | | |
| 1. For Ambulance | 2. First-Aid Room to Ambulance | 3. Pitch to Ambulance |

|  |  |
| --- | --- |
| FIRST-AID EQUIPMENT AND FACILITY | |
| Item | Location |
| Defibrillator |  |
| First-Aid kit |  |
| Stretcher  (if required and trained stretcher bearers present) |  |
| First-Aid Room |  |

|  |  |
| --- | --- |
| FIRST-AID EQUIPMENT AND FACILITY | |
| Nearest Hospital address:  (with Emergency Department)  **Note:** Include contact no. |  |
| Directions to hospital: |  |
| Journey Time: |  |
| Nearest Walk-in Centre (WIA) address: |  |

Safeguarding Risk Assessment completed by:

NAME: ………………………………………………………………………..

CLUB/LEAGUE ROLE: …………………………………………………..

SIGNATURE: ………………………………………………………………..

DATE: ……/……/……

NAME: ………………………………………………………………………..

CLUB/LEAGUE ROLE: …………………………………………………..

SIGNATURE: ………………………………………………………………..

DATE: ……/……/……

End note:

Clubs/leagues are advised to undertake regular risk assessments of the club/league's activities, ensuring that each one is named, signed and dated by those completing and approving it. Risk assessments are ‘living documents’ and should be updated and reviewed regularly and kept in active use to mitigate any new or changing risks. Clubs/leagues should undertake specific employee/volunteer risk assessments for anyone undertaking high-risk roles or tasks.

Checked by club committee member:

NAME: ………………………………………………………………………..

CLUB/LEAGUE ROLE: …………………………………………………..

SIGNATURE: ………………………………………………………………..

DATE: ……/……/……