



MULBARTON FC

THE WANDERERS & BELLES



Venue Risk Assessment / Goalpost Safety Form

Venue _____

Date of Check _____

Name & Position of person doing Check _____

(Please outline current state and action taken, if any)

PLAYING/TRAINING AREA

Check that the area and surroundings are free from obstacles.

Is the area fit and appropriate for activity?

Yes

No

Are players appropriately attired and safe for activity?

Yes

No

(Please outline the hazard, who may be at risk and action taken, if any)

(Please outline unsafe equipment / attire and action taken, if any)

GOALPOSTS

Check that they are fit & sound for activity and suitable for age group/ability.

Are the goalposts safe and appropriate for activity? (Please refer to Goalpost Safety Guidelines in your handbook)

Yes

No

(Please outline unsafe equipment, who may at risk & action taken, if any)

EMERGENCY POINTS

Check that emergency vehicles can access facilities, a working telephone is available with access to emergency numbers and that exit points are clear.

Are emergency points checked and operational?

Yes

No

(Please outline the issues and action taken, if any)

PLAYERS

Check that the players' register is up to date with medical information and contact details.

Check that players are appropriately attired for the activity.

Is/are the register(s) in order?

Yes

No

Is a working telephone available?

Yes

No

(Please outline the issues and action taken, if any)

Venue Risk Assessment / Goalpost Safety Form (cont)

SAFETY INFORMATION

Check that evacuation procedures are published and posted somewhere for all to see. Ensure that volunteers and staff have access to information relating to health and safety.

Are emergency procedures published and accessible to those with responsibility for sessions in the Club?

Yes

No

(Please outline what information is missing and action taken, if any)

Does the Club need to take any further action? (If yes, please specify)

(If no, please give reasons)

Signed _____

Name (Print) _____

Date Completed _____



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Incident / Accident Reporting Form

1. Site where accident took place

2. Name of person in charge of session / competition

3. Name of injured person

4. Address of injured person

5. Date and time of incident / accident

6. Nature of incident / accident

7. Give details of how and precisely where the accident took place. Describe what activity was taking place, e.g. training, getting changed, etc.

8. Give details of action taken including any first aid treatment and name(s) of the first-aider(s)

9. Were any of the following contacted

Police Yes No

Ambulance Yes No

Parent / Guardian Yes No

10. What happened to the injured person following the accident? (e.g. went home, went to hospital, carried on with session)

11. All of the above facts are a true and accurate record of the incident / accident.

Signed _____

Name (Print) _____

Date _____



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Annual Review – Players

Club Annual Review Form

Another season has come and gone. Firstly we would like to thank every one of the players, coaches, managers, officials, volunteers, administrators, parents and supporters for all of their hard work this season. In order for the Club to continue to develop, the Committee would appreciate five minutes of your time to complete this form.

Players

1. Age group and coach

2. Did the coach help you learn new skills / techniques at training? (If not, why not?)

3. Were the training sessions enjoyable? (If not why not?)

4. What did you enjoy the most about the training sessions?

5. What would you most like to change at training?

6. Did you play competitive football season? (If not, why not?)

7. Do you want to play competitive football next season? (If yes, which age group?) (If not, why not?)

8. Have you any ideas to help improve the Club?

The Club would like to thank you for completing this form.

Please return to:
Russell Scotter
Cherryburn
The Rosery
Mulbarton



MULBARTON FC

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Annual Review – Coaches

Club Annual Review Form

Another season has come and gone. Firstly we would like to thank every one of the players, coaches, managers, officials, volunteers, administrators, parents and supporters for all of their hard work this season. In order for the Club to continue to develop, the Committee would appreciate five minutes of your time to complete this form.

Coach name _____

1. What age group you coach?

2. Did you have sufficient

Space _____

Equipment _____

Support _____

Time _____

If no, how could this be improved?

3. Do you feel your players learned new skills / techniques this season?

4. What aspects of your training sessions were you pleased with?

5. Which areas would you like to improve?

6. Did you team have sufficient competitive opportunities at the right level this season? (If not, why not?)

7. Are there any training courses you would like to attend? (If yes, do you have any specific courses in mind?)

The Club would like to thank you for completing this form.

Please return to :
Russell Scotter
Cherryburn
The Rosery
Mulbarton



MULBARTON FC

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Annual Review – Parents /Guardians / Carers

Club Annual Review Form

Another season has come and gone. Firstly we would like to thank every one of the players, coaches, managers, officials, volunteers, administrators, parents and supporters for all of their hard work this season. In order for the Club to continue to develop, the Committee would appreciate five minutes of your time to complete this form.

Parents / Guardians / Carers

1. Age group and coach of player

2. Do you feel your child learned any new skills / techniques at training?

3. Did your child enjoy coming to football training sessions / competitive games? (If not, why not?)

4. Does the coach have a good rapport with (a) your child, (b) the team? (If not, why not?)

5. Are you happy to leave your child in the care of your child's coach? (If not, why not?)

6. Have you any ideas to help improve the Club?

7. Would you like to help with the running of the Club, in any capacity? (If yes, contact the Club' Teams manager Jeff Nurse, Tel No 01508 578982)

Please give list of skills you have that you think could benefit the Club.

The Club would like to thank you for completing this form.

Please return to:
Russell Scotter
Cherryburn
The Rosery
Mulbarton



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Equality Monitoring Form *

AGE

Under 18 18 – 30 31 – 40 41 – 50 51 – 60 61 – 65 Over 65

GENDER

Please indicate if you are

Female Male

ETHNIC BACKGROUND

Please choose one category from A to E and then mark X in the appropriate box to indicate your ethnic background.

A White

English
Irish
Scottish
Welsh
Other

B Mixed

White & black Caribbean
White & black African
White & Asian
Other

C Asian or Asian British

Indian
Pakistani
Bangladeshi
Other

D Black or Black British

Caribbean
African
Other

E Chinese or Other Ethnic Group

Chinese
Other

DISABILITY

Do you consider yourself to be a disabled person? Yes No

If you have indicated yes, please mark X in all the boxes that apply to you

Visual impairment Physical disability
Hearing impairment Learning disability / difficulty
Mental health issues

RELIGION

Buddhist Hindu
Jewish Muslim
Sikh No active faith
Christian (Inc C of E, Catholic, Protestant & all other Christian denominations) Any other religion e.g. Rastafari (Please state)

*If you feel that your ethnic background, gender, religion or disability should be of no importance to the Club, please mark X in this box.



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Volunteer Application Form (Updated Appendix 11)

Please complete this form clearly using block capitals

Position applied for _____

Part A: Personal Details

Title: Mr Mrs Miss Ms Other

Surname _____

Forenames _____

Any other names you are/have been known by

Date of Birth _____

National Insurance No _____

Current Address _____

Postcode _____

If you have lived at your current address for less than 5 years please provide any previous addresses on additional paper.

Contact Phone

Day _____ Evening _____

Contact E-mail _____

Mobile No _____

Part B: Employment Details

Current Job Title _____

Name of Employer _____

Address _____

Postcode _____

Telephone No _____

Nature of Duties

Part C: Previous Volunteer Experience

Name of Organisation _____

Start Date _____ Finish Date _____

Address _____

Postcode _____

Telephone No _____

Nature of Duties _____

If you have any other relevant voluntary experience please use an additional sheet of paper.

**Volunteer Application Form
(Updated Appendix 11) (Cont)**

Part D: Qualifications

Academic / vocational e.g. GCSE / NVQ

Sporting Qualifications

Are you a Member of The FA Coaches Association?

Yes Reg. No _____

No

Part E: References

Please provide the names and address of two people who know you well (but are not related) who have knowledge of your work with children who we can contact.

Reference Details 1

Name _____

Address _____

Reference Details 2

Name _____

Address _____

NB All information of a personal and confidential nature will be held in line with data protection regulations.

Declaration

I, hereby confirm that, to the best of my knowledge all the details herein are correct.

Signed _____

Name (Print) _____

Date _____