

Accident Form

Date: _____ Venue: _____

Time: _____ Activity: _____

Details of Injured Party

Name: _____ Address: _____

D.O.B. _____ Post Code: _____

Gender: Male / Female

Contact Numbers: (1) _____ (2) _____ (3) _____

Details of Accident

Exact location of Accident & Activity involved: *(draw diagram overleaf of location)*

Please give full details of how the accident happened:

Nature of the injuries incurred: *(use diagram overleaf to show location of injury on the body)*

Was treatment provided?	Yes* / No	*If Yes, by Whom? _____ <i>(please ensure contact details are provided below)</i>
Was an ambulance required?	Yes / No	*Treatment Witnessed by: _____
Were the parents informed?	Yes / No	_____
Did the injured party resume activity?	Yes / No	<i>(please ensure contact details are provided below)</i>

Witnesses Details

Name: _____ Address: _____

Post Code: _____

Contact Numbers: (1) _____ (2) _____ (3) _____

Name: _____ Address: _____

Post Code: _____

Contact Numbers: (1) _____ (2) _____ (3) _____

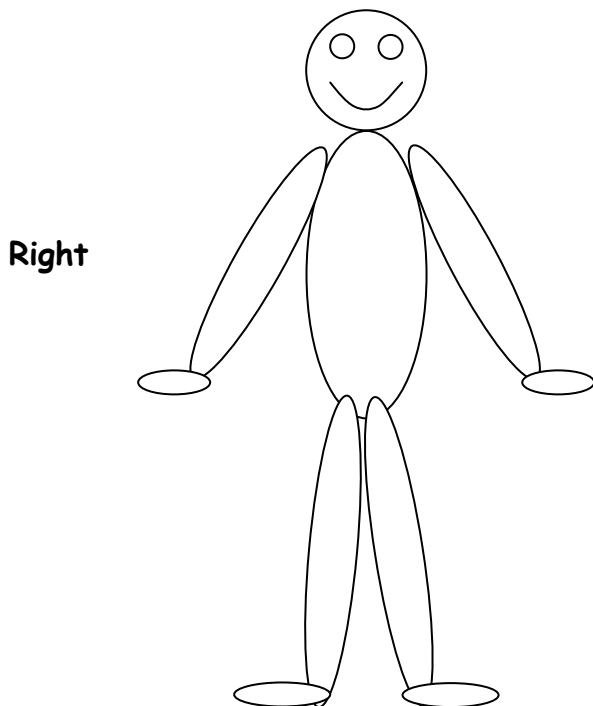
Location of Accident

Please draw a diagram of the playing area below detailing where the accident took place:

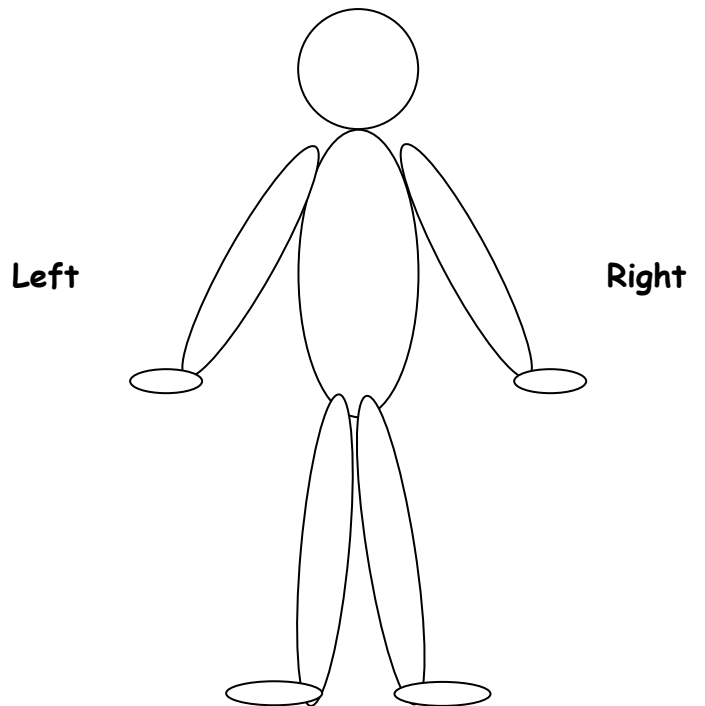
Location of Injury

Please use the diagram below to specify where the injury/injuries are located on the injured party:

Front



Back



Post Accident Form

Venue: _____ Facility: _____ Date: _____

Exact location of Accident:

Post Accident Checks Made By: (print name) _____

Defaults found following Post Accident Check:

Measures taken to avoid further accidents occurring:

Follow up actions to be taken: (if any)

Signed: _____

Date: _____

Incident Form

Activity: _____ Venue: _____ Date: _____

Please provide full details of the Incident below:

Follow up actions to be taken: (if any)

Signed: _____ Date: _____

Facility / Equipment Check

Lead Coach: _____ Venue: _____

Date: _____ Activity: _____

Facility Check

Have the facilities been checked? YES NO

Were any defaults found? YES NO

Please note any defaults below:

Equipment Check

Bibs	<input type="checkbox"/>	Racquets	<input type="checkbox"/>	Tables	<input type="checkbox"/>	Sticks	<input type="checkbox"/>
Cones	<input type="checkbox"/>	Bats	<input type="checkbox"/>	Nets	<input type="checkbox"/>	Discus	<input type="checkbox"/>
Balls	<input type="checkbox"/>	Baskets/Hoops	<input type="checkbox"/>	Goals	<input type="checkbox"/>	Shots	<input type="checkbox"/>
Shuttles	<input type="checkbox"/>	Mats	<input type="checkbox"/>	Benches	<input type="checkbox"/>	Javelin	<input type="checkbox"/>

Please note any other relevant safety checks:

Is all the equipment suitable and safe to use? YES NO

Is there a first aid kit available? YES NO

Is there access to a telephone? YES NO

Are there toilets on site? YES NO

Have the changing rooms been checked? YES NO

If the answer to any of the above questions is 'NO' the please contact a member of the Sports Development Team on one of the following numbers:

Aaron Quinn: 688560 / 426301

Gianni Epifani: 688556 / 482942

Emma Callow: 688557 / 432443

Dave Callaghan: 688559 / 498553

Additional Notes:

Facility / Equipment Check

To be completed for School Sports Facilities ONLY

Prior to the Session:

Have you met and introduced yourself to the caretaker? YES NO

Please note the caretakers emergency contact number: _____

Has the fire alarm been sounded & are coaches familiar with it? YES NO

Have you been made aware of the fire exits & evacuation procedure? YES NO

Do you know where the fire assembly points are located? YES NO

After the Session:

Have you reported any accidents/incidents? N/A YES NO

Have you signed the caretakers timesheet? YES NO

Notes:

Caretakers Signature: _____

Date: _____

Print Name: _____

School: _____

Coach Debrief

Coaches Start/Finish Times:

The SDU require you to keep an accurate record of the times in which the coaches on your schemes start and finish work. Please be honest and note that this is a confidential and required in order to monitor pay ad attendances.

Name: _____	Start: _____	Finish: _____
Name: _____	Start: _____	Finish: _____
Name: _____	Start: _____	Finish: _____
Name: _____	Start: _____	Finish: _____
Name: _____	Start: _____	Finish: _____
Name: _____	Start: _____	Finish: _____
Name: _____	Start: _____	Finish: _____

Notes:

Blank area for notes.

Misbehaved Children

Children Collected Late

Blank area for recording misbehaved children.

Blank area for recording children collected late.

Children With No Lunch

Blank area for recording children with no lunch.

Coach Debrief *(continued)*

Please note any incidents / actions taken:

Coaches Comments:

Area's of Improvement:

Lead Coach: (Print) _____

Signature: _____

Sports Development Session Planner

Date: _____ Venue: _____

Age Group: _____ No in Group: _____ Duration: _____

Title of Session: _____

Aims & Objectives of Session: _____

Organisation:

Progressions

Coaching Points

Sports Development Coach Observation Checklist

This checklist provides feedback to the Sports Development Unit on MSR Coaching Staff

Coach Name: _____

Observer: _____

Coach Session: _____

Date: _____

Grading: Exceptional **1** Good **2** Satisfactory **3** Unsatisfactory **4**

The Coach:	Grade:	Observers Comments:
is appropriately dressed and equipped for the session		
has used the space and appropriate equipment available efficiently		
has met the participants punctually and made them feel welcome		
has checked that participants' dress and equipment are suitable and safe		
has provided participants with an appropriate warm-up		
gave instructions which are clear, consistent and understandable		
gave clear, appropriate and technically correct explanations and demonstrations		
checked the players' understanding and let them ask questions		
maintained a safe working environment, safe use of equipment and kept to planned times		
provided participants with positive and encouraging feedback		
supervised the activity without making any unnecessary interventions		
moved the session on or adapted the session to meet changing needs		
demonstrated confidence , approachability and enthusiasm		
conducted an appropriate cool-down		
sought feedback from participants and others		
supervised participants' departure and ensured the equipment was left in good order and tidied away		
consistently complied with the MSR Coaches' Code of Conduct		

