Induction Checklist

(Please delete which elements that are not appropriate. This is a volunteer document and is for sample purposes only)
NAME & ADDRESS OF CLUB

Name	Start Date		
Volunteer <u>Role</u>			
day of joining and be completed as soon as instructors/coaches initials and the date along	is prac ngside by one	each item as the information or documents are a instructor/coach only and all on the same day,	given to
General Information		Health & Safety	
Explanation of Induction	O	Health & Safety Policy	O
Introduction to manager/coach/colleagues	O	Fire Procedures & Drills	O
Locker	O	First Aid/Accident procedures	O
Personal Details		Security Arrangements/locking the venue	O
Received & signed code of conducts	O	Health & Safety and protective measures	O
Agree to attend safeguarding training		Emergency Procedures	O
or already completed	O	Health & Safety Training	O
Have received volunteer Handbook	O	Smoking Policy	O
Hours of commitment		Risk Assessments	O
	G	eneral	
Role and Organization		Canteen/Refreshment Facilities	O
Club Structure and services	0	Use of Club Facilities	0
Training opportunities	0	Social and Recreational Facilities	O
Fransport and Parking Arrangements	O		
Expenses			
Allowances	O	Rules and Discipline	
Training opportunities	O	Disciplinary, Grievance and Appeal	
Insurance	O	Procedures	O
Other Benefits	O		
Sickness/Illness I will try to inform lead coach if I am unable	e to		
Attend a coaching session or Competition		O	
Holidays [will try to inform lead coach well in advar	nce if I	am unable to attend a coaching session or Com	npetitio
due to holidays		0	

TOUR OF PREMISES

Show the location of cloakroom, exits and entrances, emergency and fire exits, fire alarm and first aid points, kitchen prohibited areas, hazards, notice boards and any areas to which the volunteer will need to go in the course of their role.

CONTACT NAMES
Manager/Senior Coach
Designated Safeguarding Officer
First Aider
Other Information
Trial Period Please indicate below any further reading/familiarisation identified for the probationary period e.g., specific policies and/or procedures.
Induction undertaken by:
Date of Completion:
I have received the above induction training:
Coach/volunteer:
Date of Completion:
PLEASE FORWARD A SIGNED COPY OF THIS DOCUMENT TO THE CLUB SECETARY.