

St. Helens Swimming Club

Affiliated to the ASA NW Region, Lancashire County SWPA



Facility Induction Checklist

The following checklist is to be completed for new volunteers to assist the club in ensuring that the safety and welfare of members is addressed.

NAME: _____ **DATE STARTED:** _____

- **Job description/expectations**
- **Normal Operating Procedures and Emergency Action Plan (supplied by the facility provider)**
- **Introduction to Teaching and Coaching Staff**
- **Shown around the Facility**
- **Equipment Storage**
- **Relevant Telephone Numbers**
- **Incident Reporting**
- **Register of Swimmers**
- **Teacher / Coaches meeting**
- **Competition Calendar**
- **Club Handbook**
- **Committee Structure, roles and responsibilities**
- **Training Opportunities discussed**

Training Needs: _____

Any other comments: _____

Signature of New Starter: _____ **Date:** _____

Signature of Head Coach: _____ **Date:** _____