



## **SAFETY STATEMENT**

Date of issue

06/09/2015

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## **1. Policy**

The Management of Claremorris RFC, being the General Committee, are committed to compliance with the Safety, Health and Welfare at Work Act 2005 and in doing so will provide for all its members an environment that is as safe and healthy as is reasonably practical and will comply with all relevant statutory requirements.

Claremorris RFC will provide a safe system of operation through the provision of appropriate information, instruction, training and supervision. The co-operation of every member is expected and all members are reminded that statutory obligations are the minimum standard for which they are responsible.

## **2. Scope**

The provisions of this statement will apply to all Claremorris Colts RFC members, visitors and outside agencies such as Contractors, ESB, Retailers, etc. and to any agency that may from time to time have to affect deliveries or to service equipment which is located on the premise

## **3. Responsibilities**

### **(a) Chairman**

He will ensure that:

- Adequate resources are made available so that the Safety Policy can be carried out efficiently
- The members of the General Committee are fully aware of their responsibilities in relation to occupational safety and health
- All members are accountable for their performance in relation to occupational safety and health
- The Safety Statement is reviewed regularly and its operation monitored

### **(b) General Committee**

They will ensure that:

- Safe systems and practises are incorporated into all activities in the club
- All activities are continually monitored and that any potential unhealthy or dangerous practices are reported and eradicated
- Any specialist or H&S training, if required, is discussed, authorised and put into practise
- Any wilful breach of safety rules is reported and that the club disciplinary procedure is activated if it is deemed necessary

**(c) Secretary**

He will ensure that:

- The Safety Statement is circulated to the appropriate personnel and that it is widely available in the club through notice boards, team managers, etc.
- Any amendments to the Safety Statement as may be made from time to time are included in an updated version as soon as possible
- Any discussion, reports or suggestions relating to the Safety Statement which are raised at General Committee Meetings are recorded and 'actioned' upon
- Any Accident Reports, Hazard I.D. Reports, H&S Audits etc. are retained as club records and reported outside the club as decided by the General Committee
- Any correspondence relating to Health and Safety is brought to the attention of the General Committee and any subsequent actions are recorded

**(d) Coaches**

They will ensure that:

- All coaching activities in the various sections are carried out according to guidelines laid down by the IRFU.
- Sufficient coaches are available to ensure safe supervision of any particular section
- Specialist equipment such as tackle bags, etc. are used only if there are qualified supervisors present
- Under-age members are not allowed to engage in 'horse play' either on the club premises or on transport hired by the club
- Persons who are not paid-up members are not allowed to use the club's facilities
- Medical kits are immediately available for both training and matches

**(f) Members**

They will ensure that:

- They are aware of the provisions of the Safety Statement and that they operate within those provisions at all times
- They take no action which could endanger either themselves or their fellow-members
- They are familiar with all fire exits on the club premises
- They comply with any safety directives which may be issued from time to time & code for players +

**(g) Child Welfare Officer/Health and Safety Representative**

The H&S Representative & Child welfare Officer will both be nominated by the General Committee on an annual basis and will be responsible to that body to ensure that health and safety is managed in a proactive manner within the club and that all club activities are in keeping with the maintenance of a safe environment. They will:

- Monitor health and safety issues within the club and make recommendations, if necessary, to the General Committee
- That a number of members are trained on an annual basis in First Aid.

## 4. Implementation and Operation

To actively carry out the club's policy in relation to health and safety, to maintain a general consciousness of safety and to promote a safe club environment, the following should be kept in place:

- General stewardship by the Safety Representative and the General Committee of Health and Safety policy in the club
- Promoting awareness of safety issues through such means as poster campaigns
- Giving safety instructions regularly to the under-age sections of the club
- Using external expertise to maintain fire extinguishers, training in same and in First Aid
- Proper reporting of accidents or dangerous occurrences action to prevent recurrence

Identification of hazards and assessment of risks should be an ongoing process and any identified hazard or risk should be immediately reported to the Safety Representative. The hazard or risk should be immediately assessed as 'high', 'medium' or 'low' and appropriate action taken depending on its level. This is a very important aspect of our safety policy and it is expected that when an area is audited for safety, it will be found that any accidents, injuries, collisions, hazards, etc., will have been properly reported and documented.

## 5. Hazard identification, risk assessment and risk control

Hazard identification and associated risk control within a club should include the following:

### (a) Visitors/Third Parties:

Hazard Assessment: Medium

#### Main Hazards

- Contact with moving vehicles

#### Risk Control

- All cars, third party vehicles to move within the speed limit
- No cars allowed on pitch.

### (b) Access/Egress:

Hazard Assessment: Low

- Exit Gates must be kept clear at all times
- Clearways for ambulance access must never be blocked by parked car

### **(c) Cuts and Contusions**

Hazard Assessment: Medium

Cuts and contusions can result from glass breakages, impact with sharp edges, collisions during training or match situations, falls, etc.

To ensure safety:

- All glass breakages must be cleaned up and binned immediately
- Have ongoing monitoring to eradicate all sharp edges/corners
- Have pitches examined for sharp objects before any events
- Have complete First Aid kits available
- Ensure that a number of members undergo First Aid courses every year

### **(e) Electricity**

Hazard Assessment: High

Miss-use of electricity can result in fire, explosion, personal injury and even death. Club members should never:

- Attempt any kind of repair or maintenance of electrical equipment or installations
- Jam wires into sockets using matchsticks etc.
- Connect power tools to light sockets (unearthed)
- Insert plugs into wrong sockets
- Use the wrong fuse for the current the equipment is carrying

All members/staff should:

- Assume all electrical circuits/cables are 'live' until proven otherwise
- Switch off sockets before removing plugs
- Learn what to do in the case of electrical shock. Ensure source is isolated before attempting any rescue
- Report any discoloration or burn marks on plugs !: Only a qualified electrician may attempt any electrical work.

### **f) Fire**

Hazard Assessment: Medium

There is always a risk of fire and this risk can be heightened through, for example, careless smoking, unsupervised use of electrical equipment, poor waste management, etc. The risk can be minimised through:

- The total prohibition of smoking in any enclosed area on the club premises
- Proper management of the kitchen area
- Having well-serviced fire extinguishers in numerous locations
- Ensuring good waste management on site
- All extinguishers should be regularly audited by third party expertise

- Use of electrical equipment must be carefully controlled
- Staff/members/visitors should be aware of the action to be taken in the event of fire

### **(g) Injuries from games**

#### **Hazard Assessment: Medium**

Injuries are a constant hazard in rugby and as they cannot be anticipated, the club should be in a position to react swiftly to any minor or major injury. The hazard can be minimised if:

- Training or games are always supervised.
- The proper equipment, including pitch-lining and flags are in place
- Only qualified referees are allowed to officiate in organised games
- Under-age players play within their age group.
- Training is supervised by at least one coach.
- All coaches have at least the Mini Rugby Course completed
- Players are encouraged to wear head-gear, body armour, etc.
- A First Aid Kit is present at all training sessions/games

However injuries will happen and in such instance there should be sufficient preparation in place to ensure that the injured party is treated immediately and that the injured party suffers no additional pain or trauma through lack of action.

This can be enhanced by:

- Having as many coaches and support staff as possible undergoing First Aid courses
- Having complete First Aid Kits
- Ensuring that all coaches/support staff are aware of the contact numbers for the Duty Doctor and local ambulance
- Having a proper stretcher available at all times
- Ensuring that the ambulance approach is always kept clear
- Establishing and maintaining liaison with the local hospital

### **(h) Pest Control**

#### **Hazard Assessment: Low**

It is in the interest of general health that the premises are kept vermin free. Therefore:

- Any sightings of vermin should be reported immediately.
- Any eating or drinking on the premises should be restricted & Site should be cleared after matches, etc.

## **6. SAFETY SIGNAGE FOR TRAINING & FOR BLITZ DAYS**

The presence of safety signage enhances general safety on the club premises and our duty of care to members and visitors alike. Health and Safety signage should cover such topics as:

- Speed limit to be observed
- Steps in various areas
- Surfaces which are likely to become slippery
- Steep grassy banks
- 'Keep Out' signs for areas out of bounds
- Locations of First Aid Kits

## **7. TRAINING**

All persons involved in coaching or in support staffs for teams are encouraged undergo First Aid courses. All persons involved in coaching of players should have completed, as a minimum, the mini rugby course Stage 1 LTPD.

Those refereeing games at all levels should have a basic course completed

## **8. DOCUMENTATION AND REPORTING**

It is essential that the documentation attached to this statement is completed by the senior club official present (e.g. Accident Report and Witness Reports) immediately, if any accident of any kind occurs. It will also be very helpful if photographic evidence (digital camera or phone) can be attached. Routine documentation (e.g. blitz day safety audit) is equally important as it may provide evidence on behalf of the club in the case of an accident.

All such documentation will be handed over to the Secretary who will take action as directed by the General Committee.

## **9. EMERGENCY PREPAREDNESS AND RESPONSE**

The club must ensure, on an ongoing basis, that there are adequate numbers of Members trained in First Aid and the use of Fire Extinguishers. Equally:

- Notices indicating action in the event of fire should be displayed
- Local emergency numbers should be prominently displayed & copies held in first Aid Kits.

## 10. SUMMARY

The purpose of this Health and Safety Statement is to:

- Provide a healthy and safe club premises for our members and visitors
- Comply with our statutory obligations
- Designate responsibility for health and safety at the various levels of the club
- Minimise the risk of accidents/injuries/dangerous occurrences at the club
- Heighten awareness of the health and safety issues within the club

## 11. CONCLUSION

As a club we have a duty of care to our members, visiting teams, visitors, members of the public using the facilities and spectators and we now recognise that duty by having this Health and Safety Statement in place. We hope that this statement will engender a spirit of co-operation in Health and Safety matters among all our members and all other using our facilities.

## 12. ORGANISATION CHART

### Committee

Chairman	Fergal Leonard
Vice Chairman	Eddie McLoughlin
Secretary	Kevin O'Malley
Treasurer	Paul Cunnane
Public Relations	Paul Cunnane
Safety Officer	Michael Toughey
Head Coach / Training Officer	Pearse Hahessy
Mini Rugby Coordinator	Robert Campbell

## **13. APPENDICES**

### **EMERGENCY PROCEDURES**

#### **EMERGENCY PROCEDURE GUIDELINES FOR DEALING WITH ACCIDENTS & INCIDENTS**

In the event that the emergency services are required the following procedures MUST be followed:

- Two (2) persons are immediately allocated as emergency marshals.
  - 1 at main entrance to Sports Park,
  - And a primary marshal at the pitch side where the incident has occurred.
- The pitch side marshal should attempt to take down all details of the injured person and attempt to get contact details for the injured persons relatives (if not already present). Further, the pitch side marshal should record as much detail as possible of the injury and how it occurred and take the names of all witnesses to the incident. All timings of incident should be noted.
- On no account should any contact be made to relatives unless they are present. Contact will on all occasions be made by the notifiable persons.
- On the approach of emergency vehicles the marshals will guide the services to the injured person and will then take up station to ensure a swift and safe exit of the sports park.
- A complete report should be completed of the incident including timings and this should be held by the Safety Officer of the club and a copy given to the representative of any other club if a non Claremorris RFC member person was involved. This report should be completed by the primary appointed marshal (pitch side) and the notifiable persons.
- If it is deemed necessary, an appointed person should accompany the injured party to hospital and report accordingly to the Safety Officer /notifiable persons.

#### **SERIOUS EMERGENCIES PROCEDURE:**

In the event that the emergency services are required the following procedures MUST be followed:

1. Three (3) persons are immediately allocated as emergency marshals. 1 at main entrance to Sports Park, 1 at car park area ensuring a clear path for emergency vehicle, and a primary marshal at the pitch side where the incident has occurred.
2. The pitch side marshal should attempt to take down all details of the injured person and attempt to get contact details for the injured persons relatives (if not already present). Further, the pitch side marshal should record as much detail as possible of the injury and how it occurred and take the names of all witnesses to the incident. All timings of incident should be noted.
3. On no account should any contact be made to relatives unless they are present. Contact will on all occasions be made by the notifiable persons.
4. On the approach of emergency vehicles the marshals will guide the services to the injured person and will then take up station to ensure a swift and safe exit of the sports park.
5. A complete report should be completed of the incident including timings and this should be held by the Safety Officer of the club and a copy given to the representative of any other club if a non Claremorris RFC member person was involved. This report should be completed by the primary appointed marshal (pitch side) and the notifiable persons.
6. If it is deemed necessary, an appointed person should accompany the injured party to hospital and report accordingly to the Safety Officer /notifiable persons.

## **EMERGENCY PROCEDURES cont.**

### **SCENARIO - MISSING CHILD**

- Remain calm and stop the game or training session to ensure the safety of the other players.
- Conduct a headcount using the team-sheet or register of names to identify exactly who is missing.
- Ask the other children / spectators if they have seen the child, if so when and where.
- Check the immediate vicinity and the obvious areas, e.g. the changing rooms.
- If you are unable to find, call the emergency services. Parents should be called as a last resort to avoid causing unnecessary panic.
- If alone, keep the rest of the group together with you at all times.
- Complete incident report form and feedback to the appropriate person at the club your feedback on the procedure to see if there is anything that could be improved in case of similar incidents occurring in the future.

### **SCENARIO -A CHILD PLAYER BECOMES ILL, IN THIS EXAMPLE VOMITING.**

- Stop the game.
- Do not move injured player without assessing situation) and summon assistance from First Aid - In this instance the player can walk off the pitch. It will in this instance not be necessary to do anymore than to ask them how they are feeling and keep them comfortable and warm. With any kind of vomiting the danger is hypoxia; as such there is a need to be mindful of any dizziness or nausea. If the is the case get child into the recovery position and call the emergency services.
- Call parents, if they are not at the game to inform them of situation. If there are no signs of dizziness or nausea, ask them if they would collect the player. If there is a need to call the emergency services, let them know once the emergency services have arrived and reassure them that the situation is under control.
- Assign another parent or ask the opposition coach to keep the other team members supervised if there is a need to stop the game.
- Complete an incident report.
- Make a follow up call later in the day / evening to enquire as to the players' condition.

## CONTENTS OF FIRST AID KIT

Each First Aid Bag contains minimal items below

<b>DRESSINGS</b>	<b>QTY</b>	<b>EYE WASH</b>	<b>QTY</b>
Large Wound Pad 20X20cm	1	Saline Solution Steripods 20ml x 5	1
Roller Bandages 10cm X 4.5m	6	Sterile water 500ml	1
Sterile Ambulance Dressing			
No. 1 x 3	1	<b>ITEMS</b>	
No. 2 x 3	1	Paramedic Shears with safety tip	1
No. 3 x 3	1	Bandage Scissors	1
No. 4 x 3	1	Nitrile Gloves (Large)	10
Packet Gauze 10 pieces 10x10cm	1	20ml Syringe	1
Anti-septic wipes (Hypo-Allergenic)	10	Tweezers 4.5in Splinter Tweezers	
Small box assorted Plasters	1	Vent Aid (for resuscitation)	1
Packet steri-strips 4mm or 6mm	1	Foil Blanket	1
Dressings 10cm x10cm (Melolin)	10	Instant Cold Packs 14x20.3cm single use	4
Triangular Bandages	2	Instant Heat Packs 15.2x22.9cm single use	2
Cohesive Roller bandage 10cm x4.5metre	1	Vaseline	1
Crepe Bandage 8cm x4.5 metre	1	Tube of Savlon Anti-Septic Cream	1
Sterile Eye Pad Dressing	3	Antiseptic wipes Antiseptic cleansing wipes	50
Roll of one sided 10cm Adhesive tape	1	Burn Gel Bottle 115g	1
Triangular Bandages - Non sterile Calico x 5	2	Burn Gel dressing 10.2x10.2	2
Roll of 2.5cm x 4.5m Fabric Tape	1		
Waterproof Surgical Tape 5cmx9.1m	1		

# ACCIDENT REPORT FORM

Procedure-Secretary of the club to maintain Accident report form

Template file location <https://www.dropbox.com/home#:~:49601672\ACCIDENT REPORT FORM.docx>.

CLAREMORRIS RFC ACCIDENT REPORT FORM	
<b>DETAILS OF INJURED PERSON</b>	
Name _____	Captain in attendance (RHS / Youth Rugby) _____
Home _____	Date / time of accident _____
Address _____	Date of Birth / Age _____
Club _____	Gender _____
<b>DETAILS OF ACCIDENT</b>	
<b>LOCATION</b>	
Circumstances / Cause of the Accident _____	
Indicate the type of injury (tick one box only)	
Bruising <input type="checkbox"/> Concussion <input type="checkbox"/> Internal injuries <input type="checkbox"/> Open wound <input type="checkbox"/> Abrasion, graze <input type="checkbox"/> Amputation <input type="checkbox"/> Open Fracture (bone exposed) <input type="checkbox"/> Closed fracture <input type="checkbox"/> Dislocation <input type="checkbox"/> Sprain, torn ligaments <input type="checkbox"/> Suffocation, asphyxiation <input type="checkbox"/> Electrical injury <input type="checkbox"/> Injury not ascertained <input type="checkbox"/> Other <input type="checkbox"/>	Indicate part of the body most seriously injured (tick one box only) Head, except eyes <input type="checkbox"/> Eyes <input type="checkbox"/> Neck <input type="checkbox"/> Back, spine <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Shoulder, upper arm, elbow <input type="checkbox"/> Lower arm, wrist <input type="checkbox"/> Hand <input type="checkbox"/> Fingers, one or more <input type="checkbox"/> Hip joint, thigh, knee cap <input type="checkbox"/> Knee joint, lower leg, ankle area <input type="checkbox"/> Foot <input type="checkbox"/> Toes, one or more <input type="checkbox"/> Extensive parts of the body <input type="checkbox"/> Multiple injuries <input type="checkbox"/> Other <input type="checkbox"/>
Notes / Diagram of injury below _____	
Claremorris RFC <span style="float: right;">Page 1</span>	

  

CLAREMORRIS RFC ACCIDENT REPORT FORM	
<b>CONSEQUENCES OF THE INCIDENT/ACCIDENT</b>	
Fatal <input type="checkbox"/> Non-fatal <input type="checkbox"/>	
Was First Aid Treatment Administered? Yes <input type="checkbox"/> No <input type="checkbox"/> Who? _____	
Follow up treatment by Doctor Yes <input type="checkbox"/> No <input type="checkbox"/> Who? _____	
Was person involved in the incident / accident removed to hospital? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, what hospital? _____	
Were police involved or other parties? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, indicate name, station, ID no. etc. _____	
<b>Mini Rugby - Youth Rugby only</b>	
Parents informed? Yes <input type="checkbox"/> No <input type="checkbox"/> by whom? _____	
Referred to Designated Person Yes <input type="checkbox"/> No <input type="checkbox"/> by whom? _____	
Designated Person's Signature _____ Date: _____	
<b>WITNESSES DETAILS</b>	
Witness 1	Witness 2
Address _____	Address _____
<b>DETAILS OF NOTIFIER</b>	
Name _____	Position (e.g. coach) _____
Signature _____	Date _____
In the event of an accident occurring through insufficient training or faulty equipment/facilities, follow up action to include completion of Risk Assessment Form	
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# CLAREMORRIS RFC INCIDENT REPORT FORM CHILD PROTECTION

<https://www.dropbox.com/home#:~:49601672\INCIDENT REPORT FORM.docx>

CLAREMORRIS RFC INCIDENT REPORT FORM CHILD PROTECTION	
Record completed by: _____	Date: _____
Child's Name: _____	
Child's Address: _____	
Child's Date of Birth: _____	
Parents/Carer's Names and Address: _____	
Date and time of any incident: _____	Date: _____ Time: _____
Your Observations: _____	
Detail exactly what the child said and what you said:  (Remember do not lead the child - record actual details. Continue on a separate sheet if necessary)	
Action taken so far: _____	
Designated officer informed? Yes No	
Claremorris RFC <span style="float: right;">Page 1</span>	

  

CLAREMORRIS RFC INCIDENT REPORT FORM CHILD PROTECTION	
External Agencies contacted	Details of advice received:
Police Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Branch contacted: Name: _____ Contact no: _____	
Social Services Yes <input type="checkbox"/> No <input type="checkbox"/>	
Branch contacted: Name: _____ Contact no: _____	Details of advice received:
Sport Governing Body: Yes No <input type="checkbox"/> No <input type="checkbox"/>	_____
Name: _____ Contact no: _____	
Local Council or Education Department (if appropriate) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Org name: _____ Name: _____ Contact no: _____	Details of advice received:
Other (eg NSPCC) Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Name: _____ Contact no: _____	
Signature _____ Date _____	
Remember to maintain confidentiality on a need to know basis - only if it will protect the child. Do not discuss this incident with anyone other than those who need to know. N.B. A copy of this form should be sent to social services after the telephone report and to the governing body Child Protection Officer for monitoring purposes.	
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# BLITZ DAY SAFETY AUDIT.

Procedure-Secretary of the club to maintain BLITZ DAY SAFETY AUDIT form

Template file location [https://www.dropbox.com/home#:~:49601672\blitz day safety Audit.docx](https://www.dropbox.com/home#:~:49601672\blitz%20day%20safety%20Audit.docx).

BLITZ DAY SAFETY AUDIT		Date
Area Audited		Audited by
No of people in area		
Was area clean/ tidy if no, describe briefly		
No. of Fire Extinguishers:		Date of last inspection
Access / Gates:	<input type="checkbox"/> Clear <input type="checkbox"/> Blocked	Comment
Pitch	<input type="checkbox"/> Clean <input type="checkbox"/> Spillages	Obstacles
Safety Signs	<input type="checkbox"/> Visible <input type="checkbox"/> Not Visible	Needed/comment
Evidence of smoking in Prohibited Areas	<input type="checkbox"/> No <input type="checkbox"/> Yes	Comment
Bins	<input type="checkbox"/> Empty <input type="checkbox"/> Full	Comment
Is lighting adequate in the area	<input type="checkbox"/> No <input type="checkbox"/> Yes	Comment
Have personnel received fire extinguisher training	<input type="checkbox"/> No <input type="checkbox"/> Yes	Comment
Are Third Parties (non-members) entering the area?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Comment
Is there equipment plugged in?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Comment
If protective equipment/clothing is required, is it being used?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Comment
Are all areas tidy?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Comment
Are all chairs/stools in good working order?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Comment
Is there evidence of eating/drinking?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Comment
Are toilets clean/serviced	<input type="checkbox"/> No <input type="checkbox"/> Yes	Comment
First Aid Kit available?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Comment
Has there been any accident/injury in this area in the past quarter?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Details
Has the accident/injury been properly reported?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Comment
Comment on any Health or Safety concerns not specifically covered by the questions above and recommend actions where it is felt necessary		
Signed:		Title

## Coach Induction Form

Claremorris RFC Volunteer Coach Application Form

1. Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

2. Previous name (if any): \_\_\_\_\_

3. Address  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

4. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth: \_\_\_\_\_

5. Occupation  
\_\_\_\_\_

6. Please outline why you wish to become involved in Claremorris RFC  
\_\_\_\_\_  
\_\_\_\_\_

7. Please give details of any previous involvement in rugby, or in any other sports, organisation, including coaching experience and relevant qualifications:  
\_\_\_\_\_  
\_\_\_\_\_

8. Do you suffer from any illness or medical condition which may, at times, affect your ability to work with young people in rugby? If so, please give details:  
\_\_\_\_\_

9. Please supply the name, address, and a contact telephone number of two people (non-relative), who from personal knowledge are willing to support your application. If you have a previous involvement in a sports organisation one of these two named person (below) should be from that sports organisations

Name 1: \_\_\_\_\_ Name 2: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel No: \_\_\_\_\_ Tel No \_\_\_\_\_  
Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

10. Have you ever been asked to leave a sporting organisation in the past?  
(Please "X" in appropriate box - If you have answered yes we will contact you in confidence)

Yes	
No	

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Claremorris RFC Volunteer Coach Application Form

11. Have you completed Child Protection Awareness Training? \_\_\_\_\_

If yes, who was it organised by and when approximately \_\_\_\_\_

**Declaration**

11.1 I confirm that nothing within my personal or professional background deems me unsuitable for a position which involves working with children/young people with Claremorris RFC.

11.2 I declare that the above information is true and agree to abide by the IRFU Code of Conduct & Claremorris RFC

Signed: \_\_\_\_\_ Date \_\_\_\_\_

**For Club use only**

Checked by phone \_\_\_\_\_ Visit \_\_\_\_\_ Letter \_\_\_\_\_

Checked by: \_\_\_\_\_

Date: \_\_\_\_\_ Signed \_\_\_\_\_

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