



Volunteer Assistant Consent & Information Form
Coaching Sessions 2017/2018

Name _____ Date of Birth _____

KDAA or MAS Members? Y/N _____ Can you swim? _____

Left-handed or right-handed? _____

Home Address _____

_____ PostCode _____

Email _____ Tel Home _____

Mobile _____

Alternative/Emergency Contact & Mobile _____

Relevant Medical Information (including Allergies, Dietary needs etc.) including ; sun cream, hand sanitiser, insect repellents, insect bite relief, plasters. All would be applied by you if needed.

Known medical conditions. Will be treated in confidence.

If own medication is needed here, we should be aware; we can remind but not administer.
Asthma attacks we automatically contact emergency on 112, other medical concerns as required

Other Information/ Issues that Level 2 Coaches/Volunteers should be aware of;

We acknowledge that we will be liable in the event of accident only if they have failed to take reasonable steps in their Duty of Care.

I confirm that, to the best of my knowledge I do not experience any medical issues other than those mentioned above. I consent to receiving medical treatment which, in the opinion of a qualified medical practitioner may be necessary.

Protective clothing of sun hat, waterproofs when appropriate, non-slip shoes or boots for any muddy conditions should be worn. Suitable food & drink (screw-top best, wasps can get in a can!) also to be provided.

For the purposes of coaching, all participants are automatically enrolled into the **Angling Coaching Scheme (ACI)**

Signature _____ Date _____

I consent to photographing of me on the understanding that any images will be used solely for the purpose intended. We will follow guidance for the use of any images as detailed by the Angling Trust.

Signature _____ Date _____

Angling experience

Coverage I can give as a Volunteer Assistant

Club member KDAA or MAS or both? _____

Cover any venue of MAS or KDAA or just own club? _____

Number of days you're likely to want to help at _____

Saturday only dates or mid-week in summer holidays? _____

Please advise availability against agreed coaching days once these are issued, to follow.

Level 1 qualification training but only if you wish, ACI will try to fund this. Please advise if you would you like to know more _____

Please provide passport size photo, for name badges etc.

Please bring your own chair, tackle seat or other secure seat, as due to the space needed to transport seating these are NOT provided.

**Due to the risk of disease transfer such as KHV please do not bring any keep-nets or landing nets
ALSO clean & dry boots/shoes, remove all damp mud**

Suggestions on how we could improve our days are very welcome!

Volunteers Signature _____ Date _____

Chris Burt
Angling Coach
3 Great Cob, Chelmsford CM1 6LA
chris@candjb.co.uk
M 07917 781299

Level 2 Angling Coach
Enhanced DBS
Certificate
Red Cross Certificate
Safeguarding Certificate

Sign-off Chris Burt _____

Also please note that under the Terms of The Data Protection Act, we are holding participants details on a restricted access data-base.