**Appendix II: GAA For ALL Planing Checklist**

This document has been pre-populated and must be updated specific to your own venue and camp. Once completed please send to your relevant county committee and copy to GAA Diveristy and Inclusion officer geraldine.mctavish@gaa.ie

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| **Venue:** |
| **Event:**  |
| **Start Date:** |
| **Finish Date:** |
| **Daily Start and Finish Time:** |
| **Club Co-Ordinator Name and Contact Details:** |
| **Contact Names Details:** |
| **Coach Name**  | **Contact details**  | **Role / Area Assigned**  |
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|  |  |  |
|  |  |  |
| **Supervisor Name**  | **Contact details**  | **Role / Area assigned**  |
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|  |  |  |
|  |  |  |
|  |  |  |
| **SNA Name**  | **Contact Details**  | **Coach assigned**  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Detail Weekly schedule / timetable of activities & location;**  |
| **Week Number**  | **Date**  | **Activity**  |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |

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|  |
|  | **Action Required**  | **By** | **Due** | **Comments** |
| Club Safety statement in place and reviewed within previous 12 months |  |  |  |  |
| Life Systems in place and operational (tested)E.G. - Fire Alarm, PA, Emergency Lighting, CCTV, Defibrillator  |  |  |  |  |
| Fire safety Arrangements in place |  |  |  |  |
| Communication Plan for Emergency Arrangements (Fire, Medical etc.) |  |  |  |  |
| First Aid in place and location communicated to all coaches  |  |  |  |  |
| Are all areas accessible? (access / arrangements) |  |  |  |  |
| Signage requirements (way finding, emergency) |  |  |  |  |
| Pre-event Maintenance requirements? |  |  |  |  |
| Pre-activity walkthrough of grounds to be conducted(Identify who is completing) |  |  |  |  |
| Registration process and parent / guardian consent form in place? Registration and consent forms must be retained for at least 2.5 years |  |  |  |  |
| All Coaches / Supervisors / Assistants have been vetted by one of the Gaelic Games Associations in accordance with legislation, prior to commencing in their role.  |  |  |  |  |
| All coaches have completed minimum Gaelic Games coach training |  |  |  |  |
| All coaches have attended Gaelic Games Associations Child Safeguarding training prior to commencing their role |  |  |  |  |
| All coaches have attended Gaelic Games Associations Inclusion coaching training requirement. GAA Inclusion training /CARA Inclusion training |  |  |  |  |
| Adequate ratio of coaches to attendees in place, recommend ratio 1-4– Camp Supervisors may be included in the ratio calculation, but Camp Assistants cannot. Please record ratio in place |  |  |  |  |
| Adequate male: female ratio in place with respect to coaches  |  |  |  |  |
| When reviewing ratios consider that additional supervision may be required to manage registration process, breaks & end of session collection |  |  |  |  |
| All coaches to wear appropriate clothing |  |  |  |  |
| All Sliotars / balls to be gathered at end of each session  |  |  |  |  |
| Adequate rest periods scheduled into activity plans? |  |  |  |  |
| Has the pitch been marked and checked before activities |  |  |  |  |
| Playing surface safe and free from hazards  |  |  |  |  |
| Are ground markings safe and sufficient distance from fencing and other structures  |  |  |  |  |
| Water available near playing area for refilling of bottles. Water checked for safety.  |  |  |  |  |
| Are goals secured and anchored and free from hazards |  |  |  |  |
| Where portable goals are used only those that meet IS356/357 to be used  |  |  |  |  |
| Coaches instructed in best practice for placing and securing portable goals |  |  |  |  |
| Other sports equipment to be used is safe and in good repair  |  |  |  |  |
| Rubbish bins provided for player and public use and emptied regularly  |  |  |  |  |
| Visitors / spectators separated from the playing area with appropriate barrier  |  |  |  |  |
| Changing room check - free from hazards  |  |  |  |  |
| Toilets maintained and adequately stocked |  |  |  |  |
| Parents advised on what children need to bring to camp E.G.- as follows;* Snack + Drink
* Hurley and Helmet for Hurling and Camogie
* **Mouthguard** for Football
* Suitable playing gear, tracksuit, shorts, runners, boots
* Rain jacket and changes of gear on wet days
* Sun cream and baseball hat
* Towel
* Water
 |  |  |  |  |
| Parking Arrangements reviewed  |  |  |  |  |
| Traffic Management plan in place |  |  |  |  |
| Collection of Participants monitored no participant is allowed leave the session on their own  |  |  |  |  |
| Any First Aid treatment given must be recorded on the First Aid treatment sheet in the supporting documents  |  |  |  |  |
| All Injuries or incidents are to be reported using the accident report form in the supporting documents and must be sent to Croke Park for the attention of Ciara Clarke  |  |  |  |  |
| Any complaints received during the duration of the activity must be fully documented and a record kept at the club. The club should pay attention to complaints received from parents \ guardians  |  |  |  |  |
| Others |  |  |  |  |

**Extension of cover for the event will be provided based on the information and key facts provided by the club. Please read this information carefully and make sure it is correct, as mis-representation or non-disclosure may result in cover being declared void, cancelled or result in the refusal of a claim. If you are in any doubt as to whether certain facts are important you should contact us immediately.**

**By signing below, you agree that to the best of your knowledge the information provided is true and you have not withheld any material facts that may result in insurance cover being declared void or a claim being declined.**

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**Co-Ordinator Date**

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**Club Officer Position**

**(Representative of the Club Executive)**

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**Date**