**Form 1 Invitation to Players**

**Player Invitation Letter**

Insert Date

Dear Player and Parents/Guardians,

I am writing to inform you of your selection for Insert event name on Insert Dates which is Insert event details- purpose of attendance and benefits.

**Please read the attached information/details carefully. Your parent or guardian will receive further details and will be asked to complete some additional documentation in order for you to attend.**

I have attached the following:

* Details of the event/camp/competition including dates, times, schedules, location, travel requirements, accommodation arrangements

**Outline schedule:**

The Insert name of tournament/camp/training will consist of Insert Details of schedule or events. Include dates and times wherever possible with itinerary.

Finally for now, I look forward to seeing you at Insert name of tournament/camp/training.

Yours sincerely,

Insert RDC name and contact details for further information

**Form 2 Letter of Invitation to Staff and Volunteers**

**Supervisory Staff**

Insert Date

Dear Insert name,

I am writing to invite you to travel and act in a supervisory role for an overnight trip Insert event name on Insert Dates which is Insert event details- purpose of attendance and benefits.

**Please read the attached information/details carefully and confirm that you will attend (or not) by** Insert Dates.

I have attached the following:

* Details of the event/camp/competition including dates, times, schedules, location, travel requirements, accommodation arrangements
* **Form 2a - ‘Self-declaration and Willingness to Participate’.**
* **Form 2b - Staff Personal Details form**
* **Basketball England’s Safeguarding Policy –Can be brought to first staff briefing-**
* **Basketball England Code of Ethics and Conduct –Can be brought to first staff briefing-**
* **Event Welfare Plan–Can be brought to first staff briefing-**

**Outline schedule:**

The Insert name of tournament/camp/training will consist of Insert Details of schedule or events. Include dates and times wherever possible with itinerary.

The first staff briefing will be held Insert location, date and time so that you can ask any questions you may have and additional information will be provided to you.

It is a Safeguarding requirement that all staff and volunteers must have an Enhanced DBS including Children’s Barred List information which has been issued in the last 3 years. If you do not hold a current DBS, please speak to xxx.

Finally for now, I look forward to seeing you at Insert name of tournament/camp/training or first staff briefing.

Yours sincerely,

Insert RDC name and contact details for further information

**Form 2a Self-Declaration and Agreement to Participate - Staff**

Self - Declaration and disclosure form

For individuals working with Under 18s

**Private and Confidential**

For roles involving contact with children (under 18 years old).

All information will be treated as confidential and managed in accordance with relevant data protection legislation and guidance. You have a right of access to information held on you under the Data Protection Act 2018. The information will be assessed separately by the Safeguarding Team and will not be stored within the membership portal.

If the role you have applied for involves regular contact with or responsibility for children, you may also be required to provide a valid DBS (Disclosure and Barring Service) certificate which will provide details of criminal convictions; this may also include a Barring List check depending on the nature of the role.

Please complete this Self-Declaration and Disclosure form openly and honestly. If your role does not involve regular contact with children, i.e. you support an all-adult team, please request

|  |  |
| --- | --- |
| **Part 1:** | |
| Surname: | First Name: |
| Date of Birth or Membership Number: | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Part 2:** | | | |
| Have you ever been known to any Children’s Services department or Police as being a risk or potential risk to children or vulnerable adults? | | | YES / NO  *(if Yes, provide information below)*: |
|  | | | |
| Have you ever been convicted or apprehended under the following offences which are not eligible for DBS filtering such as:   * Offences involving violence * Safeguarding offences * Sexual offences * Drugs offences that involve supply   Full details are here: <https://www.gov.uk/government/publications/filtering-rules-for-criminal-record-check-certificates> | | | YES / NO  (if Yes, provide information below): |
|  | | | |
| Have you been the subject of any disciplinary investigation and/or sanction by any organisation due to concerns about your behaviour towards children or vulnerable adults? | | | YES / NO  *(if Yes, provide information below)*: |
|  | | | |
| Confirmation of Declaration (tick box below) | | | |
|  | I agree that the information provided here may be processed in connection with recruitment/retention purposes and I understand that my license may be withdrawn or dismissal may result if information is not disclosed by me and subsequently comes to the Basketball England’s attention. | | |
|  | In accordance with the organisation’s procedures if required, I agree to provide a valid DBS certificate and consent to the organisation clarifying any information provided on the disclosure with the agencies providing it. | | |
|  | I agree to inform Basketball England within 24 hours if I am subsequently investigated by any agency or organisation in relation to concerns about my behaviour towards children or young people. | | |
|  | I understand that the information contained on this form, the results of any DBS check and information supplied by third parties may be supplied by the organisation to other persons or organisation in circumstances where this is considered necessary to safeguard other children. | | |
| **Signature or**  **E-Signature** | |  | |
| **Date:** | |  | |

**General Data Protection Regulations 2018**

Clubs name is a privacy conscious organisation and is strongly committed to privacy. Our Data Protection Policy, follows guidelines set out in General Data Protection Regulations (May 2018).

The above act was introduced to unify all EU member states' approaches to data regulation, ensuring all data protection laws are applied identically in every country within the EU. The GDPR was created to regulate how businesses use data, ensuring it's the same across the entire EU. It has been adopted into UK law from 25th May 2018.

It is our responsibility to ensure that the documentation and data held on subject is:

* Processed lawfully, fairly and in a transparent manner
* Collected for specified, explicit and legitimate purposes
* Adequate, relevant, and limited to what is necessary
* Accurate and kept up to date, where necessary
* Kept in a form which permits identification of data subjects for no longer than is necessary
* Processed in a manner that ensures appropriate security of the personal data

Any data held shall be processed fairly and lawfully and in accordance with the rights of data subjects under the regulation. We have a legitimate business interest in collecting this personal data so that we can effectively run and administer the insert programme name. The data subjects will have the right, upon written request, to be told what personal data about them is being processed. They will also have the right to be informed of the source of the data and to whom it may be disclosed.

The data collected on this form will be used solely for use by clubs name during the insert programme name that this information has been collected for, where your son/daughter is participating and the data will not be shared with any 3rd party.

If you have queries regarding data protection, please contact insert contact details

**Form 2b Staff Personal Details**

Staff Personal Information Sheet

The following questionnaire has been put together for use in an emergency only. This form will solely be used by the respective member of the supervision staff or RDC in a time of need

Name of Staff Member**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport Number (If international Trip) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone**:** Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health History:**

Do you have any existing medical conditions which we should know of in case of an emergency? If the answer is ‘yes’ please list the condition and any medication you take for it.

Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Condition: | Medication/supplements: e.g. tablets, inhalers, anti-inflammatory, vitamins, herbal formulae (give drug names) |
|  |  |
|  |  |
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|  |
| --- |
| **Allergies** e.g. bee stings, medications, tapings: |
|  |

|  |
| --- |
| **Any Dietary Requirements:** |
|  |

|  |
| --- |
| **For residential visits and exchanges only**  To the best of your knowledge, have you been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? YES / NO |
| If yes, please give details: |
| When did you last have a tetanus injection? |

**Additional Information:** (that you think is relevant)

|  |
| --- |
|  |

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* Adequate, relevant, and limited to what is necessary
* Accurate and kept up to date, where necessary
* Kept in a form which permits identification of data subjects for no longer than is necessary
* Processed in a manner that ensures appropriate security of the personal data

Any data held shall be processed fairly and lawfully and in accordance with the rights of data subjects under the regulation. We have a legitimate business interest in collecting this personal data so that we can effectively run and administer the insert programme name. The data subjects will have the right, upon written request, to be told what personal data about them is being processed. They will also have the right to be informed of the source of the data and to whom it may be disclosed.

The data collected on this form will be used solely for use by clubs name during the insert programme name that this information has been collected for, where your son/daughter is participating and the data will not be shared with any 3rd party.

If you have queries regarding data protection, please contact insert contact details

**AGREED TO AND ACCEPTED:**

I agree to participate in a supervisory role in the overnight trip for the Insert Event Name and certify that all information I have provided is accurate and true to the best of my ability.

**Name:.............................................................................................................................**

**Date:.......................................................................................................**

**Form 3 Notification to Parents**

**Notification to Parents**

Insert Date

Dear Parents/Guardians,

I am writing to inform you of your child’s selection for Insert event name on Insert Dates which is Insert event details- purpose of attendance and benefits.

**Please read the attached information/details carefully and confirm that you are willing for your child to attend (or not) by** Insert Dates.

I have attached the following:

* Details of the event/camp/competition including dates, times, schedules, location, travel requirements, accommodation arrangements.
* Form 3a - ‘Players personal information and consent form’.
* Form 3b - ‘Photography and filming consent form’

**Outline schedule:**

The Insert name of tournament/camp/training will consist of Insert Details of schedule or events. Include dates and times wherever possible with itinerary.

Finally for now, I look forward to seeing you at Insert name of tournament/camp/training.

Yours sincerely,

Insert RDC name and contact details for further information

**Form 3a Players Personal Information & Consent Form**

Players Personal Information and Consent Form

This form has been designed to collect information about participants who are U18 taking part in xxxx who are attending the event without parental supervision. The information is important for a number of reasons as it will provide:

* The Event Coordinators/Welfare Officers with important contact details and medical information in case of accident/illness.
* Information on the equity profile of young people taking part.

The information will only be used for administrative purposes by the organisers of the event and for emergency purposes. Please answer questions in BLOCK CAPITALS and please use a black pen if possible.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details of Participant** | | | | | | | | | | | | | | |
| **First Name** |  | | | | **Surname** | |  | | | | | | | |
| **Address** |  | | | | | | | | | | | | | |
| **Postcode** |  | | | | **Date of Birth** | |  | | | | | | | |
| **Home Telephone No** |  | | | | **Email** | |  | | | | | | | |
| **Mobile No** |  | | | | **Gender** | | **Male** | | | | | **Female** | | |
| **Passport No.**  **(If trip is overseas)** |  | | | | **Passport Expiration Date** | |  | | | | | | | |
| **Disability** | | | | | | | | | | | | | | |
| Do you consider the participant to have a disability? | | | | | **Yes** | | | | | **No** | | | | |
| If yes, please indicate the nature of the participant’s disability by placing a tick next to the appropriate box: | | | | | Hearing impairment | | |  | | Learning disability | | |  | |
| Visual impairment | | |  | | Physical disability | | |  | |
| Mental Health Issues | | |  | | Do not wish to disclose | | |  | |
| **Medical Information** | | | | | | | | | | | | | | |
| Does the participant have or have they ever experienced any of the following. Please place a tick next to the appropriate box: | | | | High or Low blood pressure | | | | |  | | Elevated blood cholesterol | | |  |
| Diabetes | | | | |  | | Chest pains brought on by physical exertion | | |  |
| Childhood epilepsy | | | | |  | | Dizziness or fainting | | |  |
| Any bone, joint or muscular problems with arthritis | | | | |  | | Asthma or respiratory Problems | | |  |
| Any sustained injuries or illness | | | | |  | | Allergies | | |  |
| Please add any further relevant information here or if you have ticked any of the above questions please give full details here and seek medical clearance prior to the trip | | |  | | | | | | | | | | | |
| Is your child taking any medication? | | |  | | | | | | | | | | | |
| Has your doctor ever advised your child NOT to exercise | | |  | | | | | | | | | | | |
| **For residential visits and exchanges only**  To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? | | | YES | | | | | NO | | | | | | |
| When did your son/daughter last have a tetanus injection? | | |  | | | | | | | | | | | |
| Doctor's Name: | | |  | | | Telephone No. | |  | | | | | | |
| Does the participant have any special dietary requirements? | | | YES | | | | | NO | | | | | | |
| If yes, please specify | | |  | | | | | | | | | | | |
| **Religious Needs** | | | | | | | | | | | | | | |
| Does the participant have any specific religious requirements, e.g. Prayer Room? | | | YES | | | | | NO | | | | | | |
| If yes, please specify | | |  | | | | | | | | | | | |
| **Parents/Guardian Consent & Emergency Contact** **(must be person with legal parental responsibility)** | | | | | | | | | | | | | | |
| In completing this form, I the parent/guardian of the aforementioned child, affirm that I have read this form in its entirety and I have answered the questions accurately and to the best of my knowledge.  I understand that my child is responsible for monitoring him or herself throughout any activity, and should any unusual symptoms occur, my child understands the importance of informing the coach or club representative immediately.  I fully understand that this information is being collected to inform the trip staff regarding the health & wellbeing of my child throughout their duration of the trip.   I fully understand that this information will help aid & inform staff to meet their Duty of Case for my child and they may adapt sessions where necessary.  I fully understand that this information may be disclosed to medical staff which includes and is not limited to physio’s, first aiders and/or paramedics if there is a medical emergency that requires immediate intervention.  I fully understand that if my child’s medical circumstances are to change, I will inform the club as soon as is possible.   I fully understand that this information will be held for the duration of my child’s involvement within club.  My child is in good health and I consider him/her capable of taking part in this event.  I have completed the medical details and consent that, in the event of any illness/accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics.  I also understand that whilst precautions will be taken to ensure accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered to my child. | | | | | | | | | | | | | | |
| **Relationship to Participant** | |  | | | | | | | | | | | | |
| **First Name** |  | | | | **Surname** | |  | | | | | | | |
| **Telephone No** |  | | | | **Mobile No** | |  | | | | | | | |
| **Address** |  | | | | **Email address** | |  | | | | | | | |
| **I agree and give full consent** | | | | |  | | | | | | | | | |
| **Signature** |  | | | | **Date** | |  | | | | | | | |
| **Second Emergency Contact** | | | | | | | | | | | | | | |
| **Relationship to Participant** | | | | |  | | | | | | | | | |
| **First Name** |  | | | | **Surname** | |  | | | | | | | |
| **Home No** |  | | | | **Mobile No** | |  | | | | | | | |
| **Signature** |  | | | | **Date** | |  | | | | | | | |
| Once completed please return this form to: XXXXXXXXXXXXXXX or post to:  xxxxxxxxxxxxxxxxxxxxxxxx | | | | | | | | | | | | | | |

**General Data Protection Regulations 2018**

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* Processed lawfully, fairly and in a transparent manner
* Collected for specified, explicit and legitimate purposes
* Adequate, relevant, and limited to what is necessary
* Accurate and kept up to date, where necessary
* Kept in a form which permits identification of data subjects for no longer than is necessary
* Processed in a manner that ensures appropriate security of the personal data

Any data held shall be processed fairly and lawfully and in accordance with the rights of data subjects under the regulation. We have a legitimate business interest in collecting this personal data so that we can effectively run and administer the insert programme name. The data subjects will have the right, upon written request, to be told what personal data about them is being processed. They will also have the right to be informed of the source of the data and to whom it may be disclosed.

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If you have queries regarding data protection, please contact insert contact details

**Photography and filming consent form**

**Updated JUNE 2019**

In accordance with our Safeguarding Policy, Photography & Video Guidance we will not permit photographs, video or other images of young people to be taken without the consent of the parents/carers and the child.  
  
Please refer to relevant policies and guidance at: [www.basketballengland.co.uk/safeguarding](http://www.basketballengland.co.uk/safeguarding)

Basketball England will take all steps to ensure images and video are used solely for the purposes they are intended. If you become aware that that images, video are being used inappropriately you should inform Basketball England immediately. Images and video are stored and shared in accordance with The Basketball England Data Protection and Privacy Policy. **This consent form does not include Live Streaming consent.**

|  |  |
| --- | --- |
| Consent information: | |
| *To be completed by parent/carer:*   * I consent to Basketball England utilising my son/daughter’s name, voice, statements, photograph, image, likeness, actions in any live or recorded form (including, but not limited to, any form of photography, video, display, web content or other transmission or reproduction), in whole or in part, for promotional, training, assessment my child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * I can confirm that I have read, or been made aware of, the organisation’s **Photography and Video Guidance.** * I can confirm that I have read or been made aware of how the organisation’s will use these images or videos in future and how these images or videos will be stored within the organisation. * I understand that consent lasts for one whole year, unless stated otherwise and that if I wish to remove my consent I must contact Basketball England directly. | |
| *To be completed by child:*   * I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to Basketball England photographing or videoing my involvement in sporting activities. * I confirm that I have read, or been made aware of, the organisation’s **Photography and Video Guidance.** | |
| **Signature of child/young person :** |  |
| **Print name child/young person:** |  |
| **Date:** |  |
| **Signature of parent /carer:** |  |
| **Print name parent/carer:** |  |
| **Date:** |  |

**General Data Protection Regulations 2018**

Basketball England is a privacy conscious organisation and is strongly committed to privacy. Our Privacy and Data Protection Policy follows guidelines set out in General Data Protection Regulations (May 2018).

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It is our responsibility to ensure that the documentation and data held on subject is:

* Processed lawfully, fairly and in a transparent manner
* Collected for specified, explicit and legitimate purposes
* Adequate, relevant, and limited to what is necessary
* Accurate and kept up to date, where necessary
* Kept in a form which permits identification of data subjects for no longer than is necessary
* Processed in a manner that ensures appropriate security of the personal data

Any data held shall be processed fairly and lawfully and in accordance with the rights of data subjects under the regulation. We have a legitimate business interest in collecting this personal data so that we can effectively run and administer Basketball England events. The data subject will have the right, upon written request, to be told what personal data about them is being processed. They will also have the right to be informed of the source of the data and to whom it may be disclosed. This form along with the images will be held on Basketball England’s network which can only be accessed by Basketball England staff. Where video analysis software is provided by an external organisation, due diligence checks will be conducted, and game footage will be shared with the organisation and associated clubs in accordance with General Data Protection Regulations 2018.

The data collected on this form will be used solely for use by Basketball England and the data will not be shared with any third party.

If you have queries regarding data protection, please contact [info@basketballengland.co.uk](mailto:info@basketballengland.co.uk)

**Form 5 Risk Assessment Template**

Added as an attachment or separate downloadable document - <https://www.basketballengland.co.uk/safeguarding/guidance-templates/>

**Form 5a Check List**

**Document Checklist for Overnight Trips**

|  |  |  |
| --- | --- | --- |
| **Document** | **Completed/Have Policy** | **NOT Completed/Do NOT Have Policy** |
| Letter of Invitation to Staff & Volunteers |  |  |
| Self Declaration and willingness to Participate- Staff |  |  |
| Staff Personal Details Forms |  |  |
| Notification Letter to Parents/Guardians |  |  |
| Player’s Personal Information Forms and Parental consent |  |  |
| Photography and Filming consent |  |  |
| Risk Assessment |  |  |
| List of Staff & Players |  |  |
| BE Safeguarding Policy |  |  |
| BE Code of Ethics and Conduct |  |  |
| Event Welfare Plan |  |  |
| Staffing Ratio & Guidance |  |  |

**Form 6a List of Staff & Players**

**Staff and Player List**

This form must be completed and carried with all staff at all times when ‘off site’ in case of emergency. This must also include details of any Event Manager both at home in England or Wales and abroad if applicable. It must also include details of the ‘Home Contact Person’. Care should be taken to ensure the information is kept safe. However, it is important to understand that you may need access to this information if an incident happens when you are away from the main base.

**Event Manager: Insert Name UK Contact Details Overseas Details**

**RDC: Insert Name UK Contact Details Overseas Details**

**In an Emergency Dial 999**

**Staff**

|  |  |
| --- | --- |
| Name Contact Number/Mobile | |
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**Player**

|  |  |  |  |
| --- | --- | --- | --- |
| Name Date of Birth Parent/Guardian Contact Number/Mobile | | | |
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**Basketball England’s Safeguarding Policy**

Added as an attachment or separate downloadable document - <https://www.basketballengland.co.uk/safeguarding/guidance-templates/>

**Basketball England Code of Ethics and Conduct.**

Added as an attachment or separate downloadable document - <https://www.basketballengland.co.uk/safeguarding/guidance-templates/>

**Event Welfare Plan**

Added as an attachment or separate downloadable document - <https://www.basketballengland.co.uk/safeguarding/guidance-templates/>

**Supervision Ratios Guidance**

|  |  |  |
| --- | --- | --- |
| **Child/Young person’s age** | **Number of adults** | **Number of children** |
| 0 – 2 | 1 | 3 |
| 2 – 3 | 1 | 4 |
| 4 – 8 | 1 | 6 |
| 9 – 12 | 1 | 8 |
| 13 – 18 | 1 | 10 |

**Parents and Carers as Supervisors**

Although the CPSU encourages parents/carers to accompany children to activities, we do not recommend those planning or providing activities include carers in supervision calculations, unless the carers/parents are acting in a formal volunteering or other capacity during the activity. In these circumstances, this should mean that those parents/carers meet all appropriate requirements in terms of:

* Appropriate checks, DBS
* Current basic safeguarding training
* Clarity about their role
* Who has overall responsibility for the group
* What is acceptable practice

***Best Practice says that adults should never stay in a hotel room with children/players unless there is a medical need or if it is a parent staying with their own child-NOT other people’s children! Even if other parents ‘say it’s ok’, it’s NOT!***

***When booking hotel accommodation for children the staffing ratios should be 1 adult to 4 children and the supervising adult should be in the next closest possible hotel room.***

***If the child is under 10 the child’s parent or guardian must accompany them on the overnight trip and the child stays with their parents in accommodation.***

***Children should not be transported in a vehicle other than one insured and used for commercial purposes and where the driver holds the appropriate license. Private vehicles (those driven by parents) are not insured to cover the commercial transport of children.***

**Risk Assessment Template**

Added as an attachment or separate downloadable document - <https://www.basketballengland.co.uk/safeguarding/guidance-templates/>