**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**

**Player Invitation Letter**

**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.

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- Private and Confidential**

**Trip Supervision**

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 1998.

**Part One**

|  |  |  |  |
| --- | --- | --- | --- |
| *For completion by the organisation:* | | | |
| Name: | |  | |
| Address and Postcode: | |  | |
| Telephone/Mobile No: | |  | |
| Date of Birth: | |  | |
| Gender: | | Male / Female | |
| Identification *(tick box below):* | | | |
|  | I confirm that I have seen identification documents relating to this person, and I confirm to the best of my ability that these are accurate. | | |
| ***Either*** | | | |
| UK Passport Number and Issuing Office | | |  |
| UK Driving Licence Number (*with picture*) | | |  |
|  | | | |
|  | | |  |
| **Signature of authorised Person/Club:** | | |  |
| **Print name:** | | |  |
| **Date:** | | |  |

**Part Two**

|  |  |  |  |
| --- | --- | --- | --- |
| *For completion by the individual**(named in Part one):* | | | |
| 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 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 Willingness to Participate :** I confirm that I am willing to participate in a supervisory role with children on an overnight trip and further agree to comply with all safeguarding policies and procedures, including the Code of ethics and Conduct and Duty of Care as set forth by Basketball England.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Date | | | |
|  | I agree that the information provided here may be processed in connection with recruitment /supervision role purposes on this club trip. | | |
|  | I agree to inform the organisation 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, may be supplied by the organisation to other persons or organisations in circumstances where this is considered necessary to safeguard children. (eg police, children’s services, local authority) | | |
| **Signature:** | |  | |
| **Print name:** | |  | |
| **Date:** | |  | |

**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) |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **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)

|  |
| --- |
|  |

**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 - ‘Parental Consent Form’
* Form 3b - ‘Players Personal Information Sheet’

**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 Sheet**

Players 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 player/child:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Parent or Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**Health History:**

Does your child have any existing medical conditions/disabilities? If the answer is ‘yes’ please list the condition and any medication you take for it.

|  |  |
| --- | --- |
| Condition: e.g. asthma, diabetes, epilepsy, HIV, heart disease, haemophilia, hepatitis A, B, or C | Medication/supplements: e.g. tablets, inhalers, anti-inflammatory, vitamins, herbal formulae (give drug names) |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **Allergies** e.g. bee stings, medications, tapings: |
|  |

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

|  |
| --- |
| **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 |
| If yes, please give details: |
| When did your son/daughter last have a tetanus injection? |

**Injury History:**

Do your child have any injuries presently? Yes / No

|  |
| --- |
| If ‘yes’ please list: |
|  |
|  |
|  |
|  |
|  |

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

|  |
| --- |
|  |

**AGREED TO AND ACCEPTED:**

As the parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I agree to my child participating in the overnight trip for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and certify that all information I have provided is accurate and true to the best of my ability.

**Player’s Name:.............................................................................................................................**

**Parent or Guardian’s Name:.......................................................................................................**

**Parent or Guardian’s Signature:.................................................................................................**

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

**Form 5 Risk Assessment Template**

Added as an attachment or separate downloadable document

**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 |  |  |
| Parental Consent Forms |  |  |
| Player’s Personal Information Forms |  |  |
| Risk Assessment |  |  |
| List of Staff & Players |  |  |
| BE Safeguarding Policy |  |  |
| BE Code of Ethics and Conduct |  |  |
| Event Welfare Plan |  |  |
| Staffing Ratio & Guidance |  |  |
| Photography Permission Forms |  |  |

**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 | |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Player**

|  |  |  |  |
| --- | --- | --- | --- |
| Name Date of Birth Parent/Guardian Contact Number/Mobile | | | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Basketball England’s Safeguarding Policy**

Added as an attachment or separate downloadable document

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

Added as an attachment or separate downloadable document

**Event Welfare Plan**

Added as an attachment or separate downloadable document

**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

**Form 6b Photography, Video & Media Participation Permission Form**

**Photography and Filming consent form**

**Updated October 2017**

In accordance with our Safeguarding Policy, Photography Guidance and Photography and Video Advice (CPSU) 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.  
  
The (organisations name) will follow the guidance for the use of photographs and videos, a copy of which is available from (member of staff responsible).  
  
The (organisations name) will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform (insert organisations name) immediately.

|  |  |
| --- | --- |
| Consent information: | |
| *To be completed by parent/carer:*   * I consent to (organisations name) to utilize 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 (child’s name) * I can confirm that I have read, or been made aware of, the organisation’s **photography and videoing policy**. * 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 is last for one whole year, unless stated otherwise and that if I wish to remove my consent I must contact (organisations name) directly. | |
| *To be completed by child:*   * I (child’s name) consent to (organisations name) photographing or videoing my involvement in sporting activities. * I confirm that I have read, or been made aware of, the organisation’s photography and videoing policy. | |
| **Signature of child/young person :** |  |
| **Print name child/young person:** |  |
| **Date:** |  |
| **Signature of parent /carer:** |  |
| **Print name parent/carer:** |  |
| **Date:** |  |

**Data Protection Act 1998**

The above act was introduced to regulate personal data either held on computer or within a manual filing system. It is our responsibility to ensure that the documentation held is relevant, accurate and where necessary, kept up to date. Any data held shall be processed fairly and lawfully and in accordance with the rights of data subjects under the Act. You will have the right, upon written request, to be told what personal data about you is being processed. You 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 (organisations name) during the (insert event name) where your son/daughter is participating in and will not be shared with any 3rd party.

If you have queries regarding data protection please contact Basketball England’s Head of Governance at: [Melissa.hague@basketballengland.co.uk](mailto:Melissa.hague@basketballengland.co.uk)