

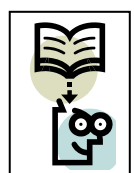
The BCU UKCC Level 2 Certificate in Coaching Paddlesport

Candidate Pack – Section 5

Appendix

Appendix Contents

- Candidate Feedback Form
- Session Planner
- Self Review sheet
- Health & Safety Checklist
- Risk Assessment Form
- Plan Evaluation
- Skills Check List



CANDIDATE FEEDBACK FORM

As an organisation, BCU Awarding is committed to providing a high quality service to all its customers – both centres and candidates. By completing this form, you will help us to improve our service to you. Your comments will be treated in the strictest confidence, and you need not identify yourself. However, if you do wish to include your contact details, please feel free to do so.

Use the following scale to rate the quality of the service you have received from us:

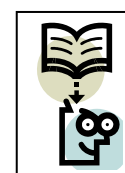
- | | |
|----------------------|------------------------------|
| 1 = poor | 2 = below average |
| 3 = average | 4 = good |
| 5 = excellent | N/E = not experienced |

No	QUALITY/ASPECT OF SERVICE	RATING	COMMENTS, IF ANY
1	To what extent has BCU Awarding been responsive to your requests, enquiries, complaints or any other approaches?		
2	To what extent has BCU Awarding been open in its dealings with you?		
3	To what extent has BCU Awarding been informative in its dealings with you?		
4	To what extent has BCU Awarding been prompt in its dealings with you?		
5	How do you rate BCU Awarding arrangements aimed at guaranteeing you access to, and fairness in, assessment?		
6	How do you rate BCU Awarding reasonable adjustments to accommodate your particular assessment requirement(s)?		
7	How do you rate the special consideration which you received from BCU Awarding to mitigate the effect of unforeseen circumstances on your assessment?		
8	How do you rate BCU Awarding handling of your enquiry on results or another decision affecting your assessment?		
9	How do you rate BCU Awarding handling of your appeal?		
10	How do you rate the external verification visit at your centre (if you participated in it)? (PLEASE NAME THE CENTRE)		
11	How do you rate the structure, content and language of the qualification(s) towards which you are working?		
12	How do you rate the quality of assessment materials for the qualification(s) towards which you are working?		

Candidate's contact details (only if you wish to be identified)

Name:	Daytime phone number:
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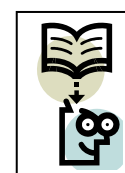
Please return the completed questionnaire to BCU Awarding Body.



Note: all documents you will need can be downloaded from www.bcu.org.uk

And blank copies are in the appendices.

Session Planner		
Session Number:	Session Title:	Date:
Coach:		Assistant:
Duration:	<input type="checkbox"/> Risk assessment <input type="checkbox"/> Access checked <input type="checkbox"/> Parental consent forms collected <input type="checkbox"/> Medical declaration forms collected	
Group:		
Group size:		
Venue:		
Equipment required for participants:	Teaching and safety equipment:	
Medical considerations: Particular needs:		
Session Aims:		
Time	Session Plan	Content / Delivery Style



Self Review

What worked really well?

What could have been improved? What I would do differently if running the session again?

What needs to be carried forward and implemented in the next session?

Personal action points:

Feedback

Any comments regarding the session plan, delivery and review:

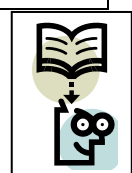
Completed by:

Fellow Coach

Mentor

Trainer

Assessor



UKCC Level 2 Coach Health and Safety Checklist

Venue

Date:

Group:

Session Title:

Coach(es):

Assistants (qualifications):

Checklist

- Location of the venue's Health and Safety policy?
- Location of the nearest telephone?
- Location of nearest First Aid Kit?
- Name of appointed First Aider?
- Copy of the written risk assessment

Please tick to confirm that the following items have been checked:

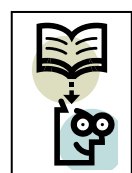
- all equipment is safe, undamaged and appropriate
- the site and facilities have been checked for actual or potential hazards
- the facility is suitable and appropriate for the planned activities
- a register of participants has been maintained
- participants' needs established
- participants' equipment, clothing and footwear are checked as appropriate
- report any health and safety problems to the appropriate person
- report any suggestions for improving the health and safety factors

Tick to confirm the following have been explained to participants / others:

- health & safety procedures
- rules for moving and lifting equipment
- rules of the facility/venue/session
- potential hazards
- emergency procedures

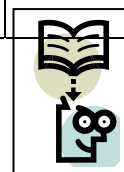
Signed

Date



5 Steps Risk Assessment

1	2	3	4	5
What are the hazards?	Who might be harmed?	Is the risk adequately controlled and how?	What further action is necessary to control the risk	Review comments / Review date



Plan Evaluation:

How accurately do you think you assessed the groups needs? Did you miss anything major? If so what could you do differently next time?

Did you make best use of your resources? If not what could you have done differently?

Did you achieve your overall series aims?

Did you have to amend your aims as the series progressed? If so how and why?

Did your programme motivate and engage the participants?

Did you have any challenges and how did you try and overcome them?

How did your broad outline plan achieve progressive development?

Was your programme pitched at the right level?

Personal action plan points:

Feedback

Any comments regarding the session plan, delivery and review:

Completed by:

Fellow Coach

Mentor

Trainer

Assessor

