Safe Trip Checklist

1. All trips should be risk assessed prior to organising.
2. Clubs must receive approval from WG 4 weeks prior to any overnight and oversea travel.
3. Please complete the Approval form below and send to [safeguarding@welshgymnastics.org](mailto:safeguarding@welshgymnastics.org)

|  |  |  |
| --- | --- | --- |
|  | Name/Information | Membership |
| WG Club |  |  |
| Person in Charge |  |  |
| SWO/Chaperone |  |  |
| Coaches |  |  |
| Judges |  |  |
| Gymnasts |  |  |
| Date of Trip(s) |  |  |
| Location of Trip |  |  |
| Reason for Trip |  |  |

|  |  |
| --- | --- |
| Action Required | Confirm |
| Have you identified the roles required and responsibilities for trip staff? |  |
| Have you followed recruitment procedures as outlined in the Welsh Gymnastics Safe recruitment policy and Welsh Gymnastics DBS Policy on all staff and volunteers aged 16 years+ whose role involves working/volunteering with children and/or adults at risk? |  |
| Have all trip staff completed appropriate Safeguarding training? |  |
| Do you have a sufficient ratio of trip staff and are they of the appropriate gender? |  |
| Have you a designated Safeguarding and Wellbeing Officer/Chaperone for the trip? |  |
| Has a Safeguarding and Wellbeing Officer/chaperone been allocated and introduced to gymnasts/staff? |  |
| Have parental consent forms been completed for all participants? (including emergency contacts etc). |  |
| Have you addressed any specific special needs of the participants? e.g. Diet, Disability related, Religious etc. |  |
| Have you completed a trip risk assessment? |  |
| Have you completed a detailed itinerary and circulated it to participants and their parents? |  |
| Has a Service Provision Checklist been completed (if required)? |  |
| Do you have Codes of Conduct for anyone with a role; Staff, coaches and participants whilst away on trips? |  |
| Have you ensured that all coaches and/or instructors are suitably trained, updated and qualified? |  |
| Have you made arrangements and risk assessed for overnight accommodation and considered room allocation and layout? |  |
| Have you risk assessed the venue for security and safeguarding and wellbeing? |  |
| Have you made arrangements for transport? |  |
| Do you have adequate First Aid provision? |  |
| Do you have a process for recording accidents and incidents? |  |
| Are all trip staff, volunteers, coaches and participants members of Welsh Gymnastics? |  |
| Have you considered any additional insurance needs for the trip? |  |
| Do you have a procedure in place in the event of a participant going missing? |  |
| Do you have a procedure in place in the event of a medical emergency? |  |
| Do you have all necessary directions and maps? |  |
| Have you ensured that all new members have completed registration and consent forms? |  |
| Is the trip sanction by FIG or their home country federation? |  |
| Are all vehicles roadworthy and personnel operating qualified to do so? |  |
| Does the event have a risk assessment, access to first aid and qualified personnel. |  |
| Is all equipment used in activities is suited to the task, adequately maintained in accordance with statutory requirements and current good practice, with records kept of maintenance checks where necessary? |  |

|  |  |
| --- | --- |
| Signed and Date |  |
| Name (in capital letters) |  |
| Name and address of provider or tour operator |  |
| Telephone and Email |  |
| **OFFICE USE ONLY – APPROVED BY AND DATE** |  |