



Owen Roe O'Neill's SAC Leckpatrick



COACHING AUDIT

NAME: _____

AGE GROUP COACHING/HELPING WITH:

(please state all teams / NONE) _____

COACHING QUALIFICATIONS: _____

DATES OBTAINED (year will be sufficient): _____

CHILD PROTECTION TRAINED: Yes/No DATE OBTAINED: _____

ACCESSNI CHECKED: Yes/No DATE OBTAINED: _____

FIRST AID: Yes/No DATE OBTAINED: _____

DEFIBRILLATOR : Yes/No DATE OBTAINED: _____

HOW LONG HAVE YOU BEEN COACHING AT CLUB: _____

IF GIVEN THE OPPORTUNITY WOULD YOU LIKE TO EXPAND YOUR COACHING KNOWLEDGE, ie OBTAIN FURTHER / HIGHER COACHING QUALIFICATIONS, PARTICIPATE IN SPORT/SKILL SPECIFIC WORKSHOPS: please explain:

As this is a confidential audit, viewed only by the Club's Coaching Officer to determine where the Club is at in terms of Coaching and Games Development, it would be appreciated if you fill out the questions as precisely as possible. Please elaborate on anything you wish to discuss as regards Coaching within the Club. Your opinions are important for the development of our games and our players at Eoghan Rua Uí Néill CLG Leac Phádraig.

