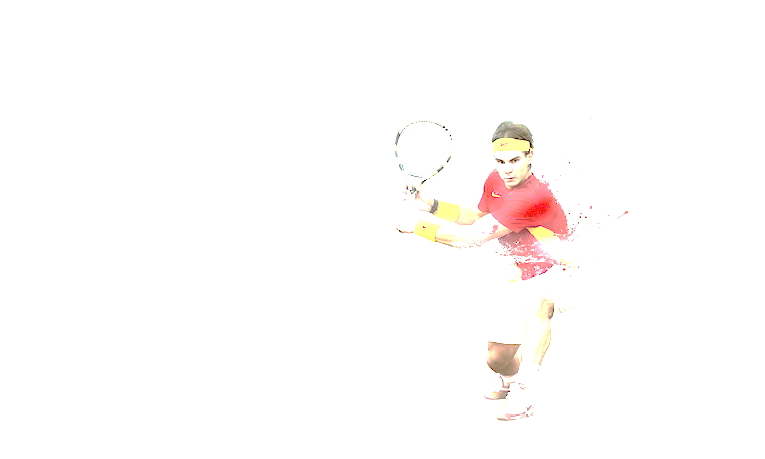


**ASSISTANT COACH**







**Name**

**Address**

**Post Code**

**Telephone**

**Mobile**

**e-mail**

**Course Venue**

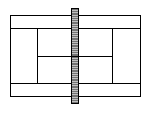
**Course Dates**

**Tutor**

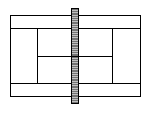
**Workbook completion date**

**Explain and draw (if needed) for the following practices**

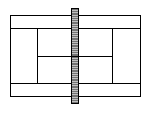
**Give an example of a game you play in Streetennis which can be used as a warm up**



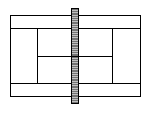
**Give an example of an exercise that someone can do individually using only 1 ball**



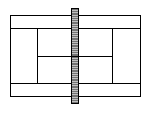
**Give an example of a team game using a racket and ball**



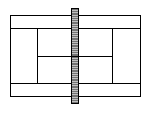
**Create a Streetennis circuit for 20 children who are learning the backhand volley**



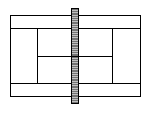
**Create a Streetennis circuit for 10 children who are learning the serve**



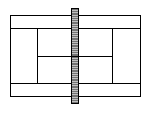
**A 3 Ball, dead ball fed drill for forehand groundstrokes**



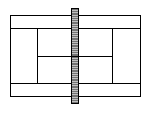
**A 3 ball, live ball fed forehand volley drills**



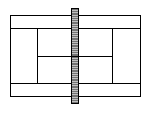
**A serving drill**



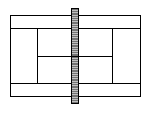
**A 4 ball, combination fed drill for the double-handed backhand**



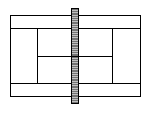
**An individual game with the keystroke being the backhand volley**



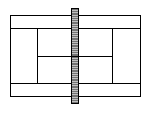
**A team game with the keystroke being the forehand groundstroke**



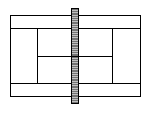
**An individual game with a group of beginners who cannot rally yet and the keystroke being the double-handed backhand**



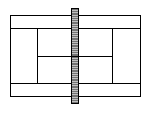
**A team game you could play with a group of beginners with the keystroke being the forehand volley**



**Give an example of a game you could play with a group of intermediate players with the keystroke being the serve**



**Give an example of a warm down game you could play with a group of beginners who are just learning ball skills and cannot rally yet.**



## STREETENNIS LESSON PLAN

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Stroke |  |  | | |  |  | Date |  |  |
|  |  | |  |  | |  |  |  |  |
| Aims and Objectives of Lesson | | | | |  |  |  |  |  |
|  |  |  | | |  |  |  |  |  |
|  |  | |  |  | |  |  |  |  |
| Age Group | |  | | | Ability Level | |  | Facility |  |
|  |  | |  |  | |  |  |  |  |
| Equipment Required for session | | | | |  |  |  |  |  |
|  |  |  | | |  |  |  |  |  |
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| Support Staff | |  | | |  |  |  |  |  |
|  |  | |  |  | |  |  |  |  |
| Has facility undergone a risk assessment | | | | | |  |  |  |  |
|  |  | |  |  | |  |  |  |  |
| Introduction/Warm Up | |  | |  | |  |  |  | Time |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  | |  |  | |  |  |  |  |
| Ball Sense Activities | | | |  | |  |  |  | Time |
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| Racket and Ball Sense Activities | | |  |  | |  |  |  | Time |
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|  |  | |  |  | |  |  |  |  |
| Technical Teaching Points | | | |  | |  |  |  | Time |
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|  |  | |  |  | |  |  |  |  |
| Circuit |  | |  |  | |  |  |  | Time |
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| Game |  | |  |  | |  |  |  | Time |
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|  |  | |  |  | |  |  |  |  |
| Wrap Up | | | |  | |  |  |  | Time |
|  |  | |  |  | |  |  |  |  |
|  |  | |  |  | |  |  |  |  |
|  |  | |  |  | |  |  |  |  |

**EVALUATION**

Did your lesson go as planned? If not what part of the plan did you change?

What part of the session were you most pleased with?

What part of the session would you change if you were going to deliver this session again?

Description: RPT tm logo

**LESSON PLAN**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Stroke | Forehand | | | Volley | | |  |  | Date |  |  | |  |
|  | |  | | |  |  | |  |  |  |  |  |
| Aims and Objectives of Lesson | | | | | | |  |  |  |  |  |  |
|  |  | | |  | | |  |  |  |  |  |  |
|  | |  | | |  |  | |  |  |  |  |  |
| Age Group | | | |  | | | Ability Level | |  | Facility |  |  |
|  | |  | | |  |  | |  |  |  |  |  |
| Equipment Required for session | | | | | | |  |  |  |  |  |  |
|  |  | | |  | | |  |  |  |  |  |  |
|  | |  | | |  |  | |  |  |  |  |  |
| Support Staff | | | |  | | |  |  |  |  |  |  |
|  | |  | | |  |  | |  |  |  |  |  |
| Has facility undergone a risk assessment | | | | | | | |  |  |  |  |  |
|  | |  | | |  |  | |  |  |  |  |  |
| Introduction/Warm Up | | | |  | |  | |  |  |  | Time |  |
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| Teaching Progressions | | | | | |  | |  |  |  | Time |  |
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| Individual Help | | | | |  |  | |  |  |  | Time |  |
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| Drills | | |  | |  |  | |  |  |  | Time |  |
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| Competition | |  | | |  |  | |  |  |  | Time |  |
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|  | |  | | |  |  | |  |  |  |  |  |
| Wrap Up | |  | | |  |  | |  |  |  | Time |  |
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**LESSON EVALUATION**

Did your lesson go as planned? If not what part of the plan did you change?

What part of the session were you most pleased with?

What part of the session would you change if you were going to deliver this session again?

## RISK ASSESSMENT FORM

**Name of Club**

**Name and position of person doing check:**

**Date of check:**

### Playing/training area

Check that the area and surroundings are safe and free from obstacles.

Is the area fit and appropriate for activity? Yes 🞎 No 🞎

(If no, please outline the hazard which may be at risk and action taken, if any.)

### Equipment

Check that it is fit and sound for activity and suitable for age group/ability.

Is the equipment safe and appropriate for activity? Yes 🞎 No 🞎

(If no, please outline unsafe equipment which may be at risk and action taken, if any.)

### Performers

Check that the attendance register is up to date with medical information and contact details. Check that performers are appropriately attired for the activity.

Is/are the register(s) in order? Yes 🞎 No 🞎

(If no, please outline current state and action taken, if any.)

Are performers appropriately attired and safe for activity?

Yes 🞎 No 🞎

(If no, please outline unsafe equipment/attire and action taken, if any.)

### Emergency points

Check that emergency vehicles can access facilities, and that a working telephone is available with access to emergency numbers.

Are emergency access points checked and operational?

Yes 🞎 No 🞎

(If no, please outline the issues and action taken, if any.)

Is a working telephone available? Yes 🞎 No 🞎

(If no, please outline the issues and action taken, if any.)

### Safety Information

Check that evacuation procedures are published and posted somewhere for all to see. Ensure that volunteers and staff have access to information relating to health and safety.

Are emergency procedures published and accessible to those with responsibility for sessions in the club?

Yes 🞎 No 🞎

(If no, please outline what information is missing and action taken, if any.)

Does the club need to take any further action? (If yes, please specify.)

Signed Date:

RPT tm logo

# COACHES CHARTER

* Coaches should respect the rights, dignity and worth of every person and treat everyone equally within the context of their sport.
* Coaches should place the well-being and safety of the child above performance. They should follow all guidelines of the Children’s Act 1989 and the Child Protection Act 1999.
* Coaches should develop an appropriate working relationship with children based on mutual trust and respect. Coaches must not exert undue influence to obtain personal benefit or reward.
* Coaches should encourage and guide players to accept responsibility for their own behaviour and performance.
* Coaches should hold up to date and recognised coaching qualifications and hold appropriate insurance cover.
* Coaches should ensure the activities they direct or advocate are appropriate for the age, maturity and ability of the individual.
* Coaches should at the outset clarify with players (and where appropriate with their parents) exactly what is expected of them and what players are entitled to expect from their coach.
* Coaches should co-operate fully with specialists (e.g. other coaches, officials, sports scientists, doctors, physiotherapists) in the best interest of the player.
* Coaches should always promote the positive aspects of sport (e.g. fair play) and never condone rule violations or the use of prohibited substances.
* Coaches should consistently display high standards of behaviour and appearance.

Signed by: Date

# SELF DECLARATION FORM

**To be completed by C**oaches who are in direct contact with children or vulnerable adults

|  |  |  |
| --- | --- | --- |
| **Name:** |  | |
| Any previous names/initials by which you have been known | | Previous address (if you have moved within the last 5 years) |
| Place of Birth | |

1 Have you been convicted of any offence or had a conviction or bind-over order, or is a prosecution pending related to children, any offence under the Sexual Offences Act, any offence involving violence of any nature or drug related offences? (Note: You are advised that under the provisions of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation Of Offenders Act 1974 (Exceptions) (Amendment) Order 1986 a person should declare ALL convictions including ‘spent’ convictions where working with children.

**Yes** **No**

2 Are you a person known to ANY social services department as being an actual or potential risk to children / vulnerable adults / other people?

**Yes** **No**

3 Have you ever had a sanction imposed against you or been disciplined in any way for any matter relating to child abuse, sexual offences, violence or use of drugs?

**Yes**  **No**

4 Please supply the names and addresses of two referees whom we can contact regarding your suitability to work with children or vulnerable adults (these must not be a partner or a relation).

|  |  |
| --- | --- |
| **1. Full Name** | **2. Full Name** |
| **Address** | **Address** |
|  |  |
| **Telephone Number** | **Telephone Number** |
| **Position held** | **Position held** |
| **How long have you been known to the referee?** | **How long have you been known to the referee?** |

**5 Please list the last 3 clubs you have had an association with:**

|  |  |  |
| --- | --- | --- |
| Club Name | Date – From / To | Sport |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

**6 CONSENT** - PLEASE READ CAREFULLY

I hereby consent to the club undertaking criminal record and/or social services and other relevant third party checks in connection with the Self Declaration and in line with the clubs Good Practice and Child Protection Policy (available on request). I hereby fully indemnify the club in relation to any claims or expenses that may arise as a result of such checks. I understand that the information contained on this form, the results of police and social service checks and information supplied by third parties will be recorded by the club. I understand that I must inform the club immediately of any matter relating to the questions above, during the term of my membership. I understand that action may be taken in relation to my membership and under the club rules in relation to the provision of incomplete, false information or where the information provided leads the club to believe that action should be taken for reasons relating to child protection. I understand that I have a right of access to information held on me and other rights under the Data Protection Act 1984.

Signed Date

**CONTINUAL ASSESSMENT**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
| Coach | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Assessment of learner | | |  |  |  |  |  |  |
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| Action Plan | |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
| Tutor/Mentor Signature | | |  |  |  | Date |  |  |
|  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
| Coaches Signature | | |  |  |  | Date |  |  |
|  |  |  |  |  |  |  |  |  |

**PERSONAL REVIEW**

Based on what people have observed about your coaching complete the form below to identify what areas of your coaching you need to develop and how you plan on doing this

Action Plan

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Coaches Signature | | |  |  |  | Date |  |  |
|  |  |  |  |  |  |  |  |  |