



# CHILD PROTECTION POLICY

ESSEX GOLF UNION

2d Maldon Road, Witham, CM8 2AB - Telephone: 01376 500998 - Fax: 01376 500842  
E-mail: [info@essexgolfunion.org](mailto:info@essexgolfunion.org) Website: [www.essexgolfunion.org](http://www.essexgolfunion.org)

# **ESSEX GOLF UNION**



## **CHILD PROTECTION POLICY**

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# 1. Policy Statement

The Essex Golf Union acknowledges and accepts its responsibilities in matters relating to the protection of children at all events organised by or participated in by the Union. The Union expects that all who have contact with children at its events will conform to and be guided by the policies and procedures contained in this document.

**Note: A “child” is defined as any person under the age of 18.**

The Essex Golf Union is committed to the following policies:

1. Children should be able to take part in golf activities safely at all times. The Union will take all reasonable measures to provide and maintain a consistently safe and caring environment.
2. In the event of any suspicion or allegation of abuse for example bullying, harassment, neglect, mistreatment or violence the Union will treat all allegations seriously and investigate all matters with understanding and sensitivity towards all concerned.
3. All members and co-opted members of the Executive, Professional Coaches and Volunteers have recourse to the services of the Union should any allegations be made against them.
4. All who work with children in the care of the Union will be subject to procedures which aim to protect the children. These procedures will include a CRB check, a self disclosure form (see Appendix Two) and any other checks considered necessary.
5. All personnel should be fully aware of their responsibilities and have the confidence and competence to deal with child protection issues as they might arise.
6. Records of recruitment of personnel will be maintained by the County Office.
7. The safety and welfare of children depends on a pro-active relationship between members & co-opted members of the Executive Committee, PGA staff, volunteers and Parents/Guardians.

## **2. Principles of the Policy**

1. The safety and wellbeing of the children is central to all considerations. The Union recognises its duty of care at all times.
2. It is essential that confidence is engendered in the children to trust and rely upon members & co-opted members of the Executive Committee, PGA Professionals & Volunteers.
3. Children can expect that they will be treated with fairness and respect.
4. Parents/Guardians should be informed of and understand the Union's Child Protection Policies and Procedures. They have the right to be informed of any matter which may affect the welfare of their child.

## **3. The Policy in Practice**

### **Responsibilities**

#### **Members & co-opted members of the Executive Committee, PGA Professionals and Volunteers are expected to:**

1. Take their responsibilities seriously accepting that the safety and welfare of children is of paramount importance.
2. Ensure as far as is reasonable that no child is placed at risk. Events should be organised with safety as a priority and children kept informed of any safety procedures and any potential risks or hazards on the golf course.
3. Treat all children fairly and equally no matter what the child's age, gender, culture, ability or disability, racial origin, language or sexual orientation.
4. Build a sound working relationship with the children in their care based on mutual respect and trust.
5. Be conscious of the fact that adults are often role models for children and conduct themselves appropriately at all times setting the highest standards of behaviour, appearance, fairness, moderation, organisation and punctuality.
6. Inform parents/guardians of any matters relating to the welfare of their child either directly or through the Chairman of Player Development or the County Secretary.
7. Avoid situations where there is a possibility of misinterpretation of any physical contact or behaviour. Contact with children should generally be in an open environment, especially for example whilst waiting for parents/guardians to pick up their children or in the locker room. No child should be left alone or to make his own way home alone. Transporting children on their own should be avoided as far as possible. If it is absolutely necessary to transport a child in a vehicle parental consent should be sought and a

colleague informed of all relevant circumstances and all safety procedures observed.

8. Report to the Chairman of Player Development any instance or allegation of “bad practice” or inappropriate physical contact or abuse. The facts of the situation must be recorded on an Incident Report Form (see Appendix Three). Depending on the circumstances the Chairman may refer the matter to the Executive Committee or other appropriate agency.
9. Ensure that any child who suffers accidental injury or temporary illness at any event organised by the Union is treated by a person or persons competent to do so. If no qualified person is immediately available the response should be to use common sense and care until professional help arrives. The matter must be recorded on the Accident/Report Form (see Appendix Four) copies of which should be supplied to the Chairman of Player Development and the County Secretary. Parents/Guardians must be Informed as soon as possible of the action which has been or is intended to be taken.

### **Children are expected to:**

1. Observe the highest standards of behaviour, appearance, punctuality, attitude and sportsmanship both on and off the course. Alcohol, unlawful performance enhancing substances, smoking, sexual behaviour and foul language are strictly forbidden. Courteous conduct is expected at all times.
2. Not engage in irresponsible, inappropriate or illegal behaviour.
3. Play by the Royal & Ancient’s Rules of Golf and observe strict golf etiquette.
4. Observe any instructions or restrictions requested by members & co-opted members of the Executive Committee, PGA Coaches, tournament officials, Club members or staff. Remain on the premises – golf course, clubhouse, hotel – unless specifically given permission not to do so by an appropriate Union official.

### **Parents/Guardians are expected to:**

1. Know the Union’s Policy on Child Protection. They should seek to support the Union in creating and maintaining a safe environment for children to enjoy their golf. They should be at ease with the system in place but feel free to raise any matters over which they have concern.
2. Complete and return promptly the Parental/Medical Consent Form (see Appendix One). If Parents/Guardians do not wish their children to be photographed or videoed they should so indicate.
3. Inform the Union through the County office or appropriate County official of any change of address, telephone number, email address or other relevant information such as changes in health or dietary conditions.
4. Arrange transport where necessary to deliver their child punctually to a venue. It is important that Team Managers and County officials are informed of any difficulties with transporting children to or from a venue. Parents/Guardians should leave emergency telephone numbers with County officials if there are likely to be problems.
5. Encourage and foster the right spirit of fairplay and good conduct in their child and avoid pressuring him beyond his physical, emotional or mental capabilities. Recognise that coaching is best left to those professionally qualified.

## **Additional Notes**

These procedures are guidelines for all events in which the Essex Golf Union participate. Not all circumstances can be covered and Parents/Guardians should contact the Union if other matters of concern arise.

If any problem cannot be resolved within the Union Parents/Guardians may contact other authorities such as the English Golf Union Lead Protection Officer, the RDO Social Services, the Police or contact the NSPCC Helpline at 0800 800 5000.

# Appendix One – Parental Consent & Medical Form

## Parental/Guardian's Medical & Consent Form

Please complete in block capitals & black ink

**Name of Child** .....

**Date of Birth** .....

**Address** .....

.....

.....

.....

**Post Code** .....

The safety and welfare of the child is paramount and it is important that the Club should know details concerning your son's general state of health and his Doctor. We ask you, therefore, to complete this form with our assurance that the information will be treated as confidential.

His NHS number is.....

His NHS Doctor is.....

Doctor's Address:.....

.....

.....

.....Post Code.....

Doctor's Telephone No.....

Is your son is in general good health YES/NO

Does your son suffer from asthma, diabetes, epilepsy, hay fever, migraine or other illness? YES/NO. If YES, please give details.

Is your son allergic to anything e.g. antibiotics, elastoplast, aspirin or other medicine or to any particular food? YES/NO. If YES, please give details.

Please give details of any special dietary requirements.

Is your son currently receiving medical treatment? YES/NO. If YES, please give details.

Is your son currently receiving medical treatment? YES/NO. If YES, please give details.

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What was the date of his last tetanus injection (if known)?

**Declaration**

I consent to my Son taking part in County activities and am aware that during these activities he will at times not be under the direct supervision of a County Union representative or Coach.

I accept the use of video recordings as a training aid and that my son may be in a "one to one" situation with his Coach when discussing them. (Such recordings will be stored on computers for future use with the trainee. They will not be communicated to any third party).

I consent to the publication of my son's photograph as an individual or team member in a County event. (No personal details other than name, age and Golf Club will be divulged).

If my son is selected to play in a representative event and an overnight stay is necessary, it is acceptable for him to share a hotel room with another boy.

In the unlikely event of accident or illness requiring emergency medical, hospital or dental treatment of my Son, I authorise Essex Golf Union (or an agent acting for it) to sign on my behalf any written form of consent required by a hospital, medical or dental authority if delay in obtaining my signature is considered inadvisable by the doctor, dentist or surgeon.

(In such an eventuality every effort would, of course, be made to contact you).

Signed.....Parent(s)/Guardian(s)

Date.....

Name(s).....

Address.....

.....

.....

Post Code.....

Telephone No.(Home).....(Work).....

Mobile.....

Email.....

In case of emergency and if for some reason Essex Golf Union or an agent acting for them is unable to contact you, please provide the name and telephone number of an alternative person who should be contacted.

Name.....

Telephone No..... Mobile No.....

**Please inform us as soon as possible if there are any changes in the above details.**

## Appendix Two – Self Disclosure Form

Title.....

Christian Names.....

Surname.....

Address.....  
.....  
.....

Postcode.....

Telephone No.....

Email Address.....

Date of Birth.....

Previous names by which known (if any).....

Current Employment.....

Previous Employment.....

Have you ever been convicted of a criminal offence? If "Yes" give details.

.....  
.....  
.....

Are you a person known to any Social Services Department as being an actual or potential risk to children or currently under investigation for a child protection related incident?

If "Yes" give details.

.....  
.....  
.....

Have you ever been subject to any disciplinary action or investigation relating to child abuse or bad practice? If "Yes" give details.

.....  
.....  
.....  
.....  
.....

I certify that all information here given is true and correct to the best of my knowledge and realise that false information or omissions may lead to the termination of my services.

Signed..... Date.....

Print Name.....

## Appendix Three - Incident Report Form

### Recorder's Details:

Name.....  
Address.....  
.....  
.....  
Postcode..... Telephone No.....

### Details of child:

Name.....  
Address.....  
.....  
.....  
Postcode..... Telephone No.....

### Information regarding complainant:

Name.....  
Address.....  
.....  
.....  
Postcode..... Telephone No.....

### Details of allegation:

### Additional Information/Witnesses/Corroborative Statements:

### Action Taken:

To whom was this incident referred? (e.g. Chairman of Player Development, County Secretary)

Signature of Complainant..... Date.....

Signature of Recorder..... Date.....

## Appendix Four - Accident/Injury Report Form

Recorder's Name.....

Position held.....

Name of person involved in accident or injury .....

Address.....

.....

.....

Postcode.....

Telephone No.....

Type/Nature of accident or injury:

Location where accident or injury occurred:

State briefly how accident or injury occurred:

Were others involved? Give names and if possible contact numbers.

Were there witnesses to the accident or injury? If so give details.

What action was taken and/or treatment administered? By whom was treatment given?

Were other agencies involved e.g. Ambulance Service?

Recorder's Signature.....

Time.....

Date.....