**Appendix 3**

**Induction Checklist for Independent swimming teachers**

**Independent Swimming Teacher Checklist**

**Swimtime Venue:…………………………….**

**Teacher Name…………………………………….**

*To be completed by a Swimtime representative and in the presence of the Swim Teacher*

|  |  |  |
| --- | --- | --- |
| **Induction** | **Trained on Date** | **Completed**  **Tick/Initial** |
| Provide teacher with Swimtime PSOP |  |  |
|  |  |  |
| **Policies** |  |  |
| Review Teacher Contract for Services |  |  |
| Review Health & Safety Policy |  |  |
| NOP |  |  |
| EAP |  |  |
| Incident Reporting Procedure & Form |  |  |
| Venue site Missing Child Policy |  |  |
| Sign the Risk Assessment |  |  |
| Sign Lone Working Policy |  |  |
| Designated Responder Policy |  |  |
| Facility Report Form |  |  |
| Specialist CPD (note details below) |  |  |
| Use of Teaching Aids (note details below) |  |  |
|  |  |  |
| **General** |  |  |
| Invoicing |  |  |
| Admin duties |  |  |
| Location of Medical Forms |  |  |
|  |  |  |
| **Induction & Tour** |  |  |
| Tour of Building |  |  |
| Reception staff |  |  |
| Club Manager / Venue Staff |  |  |
| Notice Board |  |  |
| Emergency Exits |  |  |
| Changing Rooms |  |  |
| Equipment Store |  |  |
| Equipment familiarisation |  |  |
| Pool |  |  |

**Training Completed (**print name) ……………………………………………………….…

Trainer signature………………………………………………… Date:

Teacher Signature……………………………………………… Date: