

## How to edit Annual Affiliation Documents

Please update each sheet with the correct details and add in the names and ID numbers of any new athletes or volunteers (*samples below*).

You may print the documents, make the changes and post them into the Connaught office or you may change them digitally and email them back.

## Club Info Sheet / Annual Affiliation Form

Please update and complete the club information sheet with the contact person's name, address, phone number and email address if any changes need to be made, including:

- training times, days and venues
- all Club Management Team members
- all coaches in your club, along with their qualifications
- list all inclusive and interclub activities for the past year
- If completing electronically, you may type a signature

## Athlete and Volunteer Lists

- Please type changes into the comments box
- Add new athletes in additional athletes box
- Include membership number, DOB and sport
- If an athlete's Medical expiry date is in red, the athlete needs a new APF
- Add new volunteers on volunteers sheet, including membership ID number

**Editing Club Information Sheet:**

**ANNUAL AFFILIATION FORM 2017/2018**

**Special Olympics Club**



Please check your details below, make any necessary amendments, sign and return the form by the deadline **28th September 2017** to: Special Olympics **Connaught** Region

**Correspondence Details** - if incorrect please amend (if blank please supply)

Contact Person:  Daytime phone:

Contact Address:  Evening phone:

Mobile:

Email:

Alt Email:

**Training Venue:**

Venue Name	City	Sport	MON

**Club Management Team (CMT):**  represents SOI Membership Card.

Members of CMT listed without a  should contact the Regional Office.

Chairperson:  Head Coach/Sport Officer: \_\_\_\_\_

Secretary:  APO & Medical Officer: \_\_\_\_\_

Treasurer:  Membership Officer: \_\_\_\_\_

**Coaches & Qualifications:**

Name	Qualification - Assigned Coaches Only <i>(Sport-Qualification-Level)</i>

**Interclub Activities:** *(list if any took place in 2016/2017)*

Club Name	Date	Sport	No. of Athletes

**Inclusive Activities:** *(list if any took place in 2016/2017)*

Club Name	Date	Sport	No. of Athletes

**Minimum Standards of Safe Operation in your Club: Please tick Y/N if Standard is in Place**

All Volunteers & Athletes Registered  Trained Athlete Protection Officer in place

Appropriate ratio of athletes to volunteers  Effective, functioning Club Management Team

Qualified Coach  Appropriate First Aid cover

**Comments/Corrections:**

I understand under the **National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016** it is an offence for **Special Olympics Club** to permit any person over 16 years to undertake voluntary work on behalf of Special Olympics Ireland unless Special Olympics Ireland has received a **vetting disclosure\*** in respect of that person. All persons undertaking voluntary work with Special Olympics Ireland must be a registered volunteer with the organisation.

\* A vetting disclosure shall include particulars of the criminal record (if any) relating to the person, and a statement of the specified information (if any) relating to the person or a statement that there is no criminal record or specified information, in relation to the person.

I confirm that **s Special Olympics Club** wish to re-affiliate to Special Olympics Ireland for the year 2017/2018.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

