

The BCU (UKCC) Level 2 Certificate in Coaching Paddlesport

Candidate Pack – Section 5 Appendices

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CANDIDATE FEEDBACK FORM

As an organisation, BCU Awarding is committed to providing a high quality service to all its customers – both centres and candidates. By completing this form, you will help us to improve our service to you. Your comments will be treated in the strictest confidence, and you need not identify yourself. However, if you do wish to include your contact details, please feel free to do so.

Use the following scale to rate the quality of the service you have received from us:

- 1** = poor **2** = below average
3 = average **4** = good
5 = excellent **N/E** = not experienced

No	QUALITY/ASPECT OF SERVICE	RATING	COMMENTS, IF ANY
1	To what extent has BCU Awarding been responsive to your requests, enquiries, complaints or any other approaches?		
2	To what extent has BCU Awarding been open in its dealings with you?		
3	To what extent has BCU Awarding been informative in its dealings with you?		
4	To what extent has BCU Awarding been prompt in its dealings with you?		
5	How do you rate BCU Awarding arrangements aimed at guaranteeing you access to, and fairness in, assessment?		
6	How do you rate any BCU Awarding 'reasonable adjustments' to accommodate your particular assessment requirement(s)?		
7	How do you rate the special consideration which you received from BCU Awarding to mitigate the effect of unforeseen circumstances on your assessment?		
8	How do you rate BCU Awarding handling of your enquiry on results or another decision affecting your assessment?		
9	How do you rate BCU Awarding handling of your appeal?		
10	How do you rate the external verification visit at your centre (if you participated in it)? (PLEASE NAME THE CENTRE)		
11	How do you rate the structure, content and language of the qualification(s) towards which you are working?		
12	How do you rate the quality of assessment materials for the qualification(s) towards which you are working?		

Candidate's contact details (only if you wish to be identified)

Name:	Daytime phone number:
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Please return the completed questionnaire to BCU Awarding Body.



Level 2 Training Course (NEW)

Daily Reflection Sheet

DAY 1

SESSION		What was Learnt	What areas need work to understand and apply	How I am going to do this?
1	Session 1 (Dry) Outline of the course & BCU UKCC qualification structure			
2	Session 2 (Dry) Responsibility & risk management			
3	Session 3 (Wet) Session Preparation - Fundamental Paddlesport Skills - Observation & Analysis - Feedback -			
4	Session 4 (wet) Forwards/backwards paddling Demo's			
5	Session 5 (Dry) Reflective Practice			
6	Session 6 (Dry) Session management			
7	Session 7 (Dry) Content			



Level 2 Training Course (NEW)

Daily Reflection Sheet

DAY 2

SESSION		What was Learnt	What areas need work to understand and apply	How I am going to do this?
8	Session 8(Dry) Teaching & Learning styles			
9	Session 9(wet) Steering & turning			
10	Session 10(Dry) Session Planning			
11	Session 11(wet) Student Led Practical			
12	Session 12(wet) Practical session management			



Level 2 Training Course (NEW)

Daily Reflection Sheet

DAY 3

(Modular Option: Day 3 being delivered in a modular basis of 2 evening sessions of 3 hours)

SESSION		What was Learnt	What areas need work to understand and apply	How I am going to do this?
13 Module A	Session 13(Dry) Placing themselves and their students within a LTPD / coaching pathway			
14 Module A	Session 14(Dry) Promote equity & ethical standards			
15 Module B	Session 15(Wet) Coach a 2* lesson to peers Journey / trip			
16 Module B	Session 16 Assessing BCU awards			



Level 2 Training Course (NEW)

Daily Reflection Sheet

DAY 4

SESSION		What was Learnt	What areas need work to understand and apply	How I am going to do this?
17	Session 17 (Wet) Tandem Skills, sideways movement Practice Structures			
18	Session 18 (Wet) Last session – FUN! Balance & Trim			
19	Session 19 (Dry) Goal Setting for L2 development phase Course review			

***What Next**

You need to take your information from the **“How am I going to do this?”** column and transfer the information in to your **LEVEL 2 COURSE ACTION PLAN** - with as much detail as you feel appropriate.



Level 2 Training Course Candidate Action Plan (For the candidate to complete and the Training Director to endorse)

Skills & Understanding	General comments	Specific Comments / Goals
Knowledge & Experience: Log Book LTPD Opportunities Risk Management		
Coaching: Coaching Styles Learning styles Memory Fundamentals Observations Feedback		
Group Awareness & Control: Position Boundaries Observations		
Leadership: Journeying Planning		
Safety & Rescue: Bank Based Boat Based H&S Assessment		
Personal Skills: Main Discipline Second Discipline		
Technical Understanding: Fundamentals Different boat types		

Specific comments:

Candidate Name	Candidate Signature	Training Directors signature	Date / / 20
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Level 2 Session Planner

Coach: _____ Supporting Coach: _____ Date: _____

Discipline: _____ Venue: _____

Length of Session: _____ No. in group: _____ Ability level: _____

Risk Assessment: Y / N Access Checked: Y / N

Parental Consent Forms Collected: Y / N

Medical Declaration Forms Collected: Y / N

Medical Needs:

Individual Needs:

Coach Equipment Required:

Equipment Accessed from:

Group equipment required:

Safety Equipment required:

Aim of Session:

Group equipment required:

Skills to be coached:

List of Objectives:



Content	Coaching points: I.D.E.A.S	Layout/ Organisation	Delivery Style	Time
Introduction e.g. name, aim, safety etc				
Warm-up				
Preparatory Activities				
Skills / Activity				
Challenge for the skill / activity				
Summary Identifying future coaching opportunities				



Session Evaluation	
<p>Evaluate what aspects were unsuccessful in your session e.g.</p> <ul style="list-style-type: none"> • organisation • communication • feedback • class control • motivation • maximum participation etc. 	
<p>Evaluate what aspects were unsuccessful in your session e.g.</p> <ul style="list-style-type: none"> • organisation • communication • feedback • class control • motivation • maximum participation etc. 	
<p>Give overall suggestions about the lesson plan.</p>	



What changes would you make for future sessions?	
Give overall suggestions about the lesson plan.	

Discuss any unforeseen events and how they were handled	
Discuss Feedback received from a fellow Coach/Mentor/Trainer/ Assessor/Observer	

Assessor's signature _____ **Date** _____



Plan Evaluation:

How accurately do you think you assessed the groups needs? Did you miss anything significant? If so what could you do differently next time?

Did you make best use of your resources? If not what could you have done differently?

Did you achieve your overall series aims?

Did you have to amend your aims as the series progressed? If so how and why?

Did your programme motivate and engage the participants?

Did you have any challenges and how did you try and overcome them?

How did your broad outline plan achieve progressive development?

Was your programme pitched at the right level?

Personal action plan points:

Feedback

Any comments regarding the session plan, delivery and review:

Completed by:

<input type="checkbox"/> Fellow Coach	<input type="checkbox"/> Mentor	<input type="checkbox"/> Trainer	<input type="checkbox"/> Assessor
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BCU (UKCC) Level 2 Coach Health and Safety Checklist

Venue

Date:

Group:

Session Title:

Coach(es):

Assistants (qualifications):

Checklist

- Location of the venue's Health and Safety policy?
- Location of the nearest telephone?
- Location of nearest First Aid Kit?
- Name of appointed First Aider?
- Copy of the written Risk Assessment

Please tick to confirm that the following items have been checked:

- All equipment is safe, undamaged and appropriate
- The site and facilities have been checked for actual or potential hazards
- The facility is suitable and appropriate for the planned activities
- A register of participants has been maintained
- Participants' needs established
- Participants' equipment, clothing and footwear are checked as appropriate
- Report any health and safety problems to the appropriate person
- Report any suggestions for improving the health and safety factors

Tick to confirm the following have been explained to participants/ others:

- Health and Safety procedures
- Rules for moving and lifting equipment
- Rules of the facility/venue/session
- Potential hazards
- Emergency procedures

Signed:

Date:



5 Steps Risk Assessment

1	2	3	4	5
What are the hazards?	Who might be harmed?	Is the risk adequately controlled and how?	What further action is necessary to control the risk	Review comments / Review date

