## **BCU Level 1 Coach Session Planner**

| Coach:       | Supporting Coach:      |
| --- | --- |
| Date & Time:Group Size:   Ability:     Age Range: | Location:  Equipment:     Resources:      Duration:  |
| The Location of the Nearest Telephone:      | Location of First Aid Kit:     Name of First Aider:      |
| Group Needs:      | Session Goals:      |
| My Support Needs:      | Medical Information:      |
| Other Notes: | I have checked the plan is in line with good practice: ▢ Please tick |
| I have read the Site Risk Assessment and Local Operating Procedures: ▢ Please tick | Parental Consent Forms have been collected if appropriate: ▢ Please tick |

**Session content (Introduction, main activity & summary):**

Remember IDEAS and Safe Enjoyable Learning (SEL)!