

NAME OF CLUB INC.
INC. NUMBER



CLUB NO.
DISTRICT NO.

RISK MANAGEMENT POLICY

ADOPTED BY THE CLUB.....

PROBUS CLUB OF NAME INC.

RISK MANAGEMENT POLICY

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PROBUS CLUB OF NAME INC.

RISK MANAGEMENT POLICY

1.0 GENERAL STATEMENT

THIS POLICY WAS ADOPTED BY THE MEMBERS OF THE PROBUS CLUB NAME INC. AT A GENERAL MEETING HELD ON.....

THE PROBUS CLUB NAME INC. RECOGNISES THE NEED TO ENSURE THE MINIMISATION OF THE POTENTIAL RISKS TO MEMBERS AND VISITORS, WHICH MAY OCCUR AS A RESULT OF THEIR PARTICIPATION IN THE ACTIVITIES OF THE CLUB.

IT IS IMPORTANT TO THE OVERALL ENJOYMENT OF THE CLUB THAT POTENTIAL AREAS OF RISK BE IDENTIFIED AND CONTROLS PUT IN PLACE TO REDUCE THE POSSIBILITY OF INJURY.

THIS POLICY IS ALSO DESIGNED TO PROVIDE FOR OFFICERS, COMMITTEE & SUB COMMITTEE MEMBERS AND LEADERS OF ACTIVITIES, OUTINGS AND TOURS CONFIDENCE IN THEIR ADMINISTRATIVE ROLES WITHIN THE CLUB.

NOTHING IN THIS POLICY IS DESIGNED TO RESTRICT THE ENJOYMENT OF MEMBER'S OR VISITOR'S PARTICIPATION IN THE ACTIVITIES OF THE CLUB.

THE PURPOSE OF THIS POLICY IS TWOFOLD:-

1. TO REDUCE THE RISK OF INJURY.
2. TO PROTECT THE CLUB AND ITS MEMBERS IN THE EVENT OF ACTION BEING TAKEN AGAINST THE CLUB, ITS OFFICERS, COMMITTEE AND SUB COMMITTEE MEMBERS, ACTIVITY LEADERS OR INDIVIDUAL MEMBERS.

PROBUS CLUB NAME INC.

RISK MANAGEMENT POLICY

2.0 DISCLAIMER

The Probus Club Name Inc. in no way claims this manual to be a comprehensive document covering all aspects of “Risk Management” which is likely to affect the operations of the club.

The document suggests a number of important areas that should be covered in order that a safer environment may be provided for Members and Visitors.

Whilst every effort has been made to ensure issues related to “Risk Management” within the Probus Club Name Inc. the Management Committee and the Risk Management Sub Committee does not accept any responsibility for any errors, omissions or inaccuracies whatsoever within in the document.

This Manual is provided on the basis that the Probus Club Name Inc. shall not be liable for any loss, damage or injury whatsoever arising from any incorrect, incomplete or out of date information contained within the document.

3.0 SAFETY AND PROTOCOL

3.1 THE MEETING VENUE.

The Committee shall ensure: -

- (1) A First Aid Kit is available for use at all meetings.**
- (2) A record of all members, guests or visitors attending meetings is maintained.**
- (3) All power leads, microphone cables and other fittings are properly secured or covered.**
- (4) All persons present are advised of the location of exits, evacuation assembly point and the procedures to be followed in the case of an emergency**
- (5) A list of emergency numbers is kept and maintained at registration desk at all times.**
- (6) Normal/reasonable duty of care is undertaken and observed.**

3.2 FOOD SERVICE.

- (1) The Hospitality Officer shall be responsible for:**
 - (a) Club managed food and beverage services.**
 - (b) Rosters for the setting up and the cleanliness of facilities.**
 - (c) Good hygiene practices undertaken and observed.**

4.0 ACTIVITIES, OUTINGS AND TOURS

- (1) The appointed officers shall manage all approved club activities with the assistance of delegated sub committee members.**
- (2) Where possible a record of members, visitors and guests attending to be maintained.**
- (3) Any incidents/accidents/injuries to be recorded and if necessary for insurance purposes be reported to PCSP.**

5.0 HANDLING OF MONEY

The Treasurer shall be responsible for: -

- (1) The financial management of club funds under the direction of the Management Committee.**
- (2) The Treasurer may delegate the collection of monies being paid by members/guests for club activities to the Leaders of such programs.**
- (3) The banking of all collected monies within two working days for insurance cover.**
- (4) The Committee must approve all financial transactions made by the Club and ensure that all payments are made by cheque carrying two authorised signatures.**
- (5) The Committee shall ensure that no payments are made without evidence of the debt by way of invoice, voucher or receipt.**
- (6) A register of the Clubs assets shall be maintained.**
Note - Cash based accounting system rather than an accrual system need not allow for depreciation of assets.
- (7) A Budget, setting out the anticipated Income and Expenditure, shall be adopted annually.**

6.0 OTHER ISSUES

The Management Committee shall endeavour to address issues related to: -

- (1) Risk assessment and management.**
- (2) Privacy legislation**

7.0 FORMS

- (a) REGISTRATION FORM FOR OUTINGS AND/OR TOURS**
- (b) ACCIDENT/INJURY/ INCIDENT REPORT**
- (c) DETAILS OF INJURIES SUSTAINED**

PROBUS CLUB NAME INC.

CLUB NO.

INC. NO.

REGISTRATION FORM FOR OUTINGS AND/OR TOURS

Outing/Tour Destination.....Date: From.....To.....

Outing/Tour Leader(s).....

PARTICIPANTS DECLARATION.

I hereby apply to participate in the above Outing/Tour and in so doing agree that while participating on the above Outing/Tour:

- I understand that I am the person who is fully responsible for the state of my health and I undertake to do all that is necessary so as not to place other participants under stress or duress or to put them in danger because of the state of my health or my behaviour.
- I hereby declare that to the best of my knowledge I am fit enough to undertake this Outing/Tour and agree to advise the Leader immediately should my state of health change.
- I hereby declare that I will only participate in activities where I am physically capable.
- In the case of any accident, illness or emergency please contact my next of kin:

Name _____ Relationship _____

Tel: _____ Mobile _____

Address: _____

Privacy Statement:

Information provided shall be kept private and confidential within the confines of the Probus club and shall only used in the event of an emergency.

Signed _____ Dated _____

FORM NO.

PROBUS CLUB NAME INC.

ACCIDENT / INJURY / INCIDENT REPORT

Tick where applicable:

Accident.....

Injury.....

Incident.....

Name of injured person(s) (1) (2)

***Injury details to be completed on separate sheet.**

Location of Accident / Injury / Incident.

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

Number of Persons present at Meeting / Activity / Outing / Tour.....

Describe the activities of all parties involved at the time of the Accident / Injury / Incident.

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

Cause of Accident / Injury / Incident.

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

Number of Persons Injured (if applicable).

Was the Ambulance Service called? Yes.....No..... Was the Police notified? Yes..... No.....

If yes by Whom ?..... At what time ?.....

Name of Ambulance Officer in charge of treatment.....

Name of Police Officer in attendance.....Police Station.....

Accident / Injury / Incident first reported to.

Name.....Position within the Club.....

Home Address.....Post Code.....

Home Phone ()..... Mobile Phone.....

Date Reported.....Time report made.....

If any significant delay in reporting event please state reasons.....

.....
.....

Witnesses to Accident / Injury / Incident. (at least two required)

Name..... Name.....

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

.....
.....
.....**Post Code..... Post Code.....**

Telephone..... Telephone.....

Mobile..... Mobile.....

Accident / Injury / Incident referred to.....(name of official)

Confirm recorded in Minutes Yes/No Date

Confirm notification to Probus Centre – South Pacific Inc. Yes/No Date

