

Active Sports and Community Sports Coach

Monitoring and Evaluation Form

Please complete the form as fully and as accurately as possible.

1. District Details

District:	
Completed by:	
Clubs included:	

2. Coach Details *(Please complete for each coach employed through DHA funding)*

Coach Name:		Male/Female:	
Coach Tel No:		Coach Qualification:	
Coach E-mail:			
Coach Ethnicity:		Is the Coach Disabled? (tick)	Non Disabled ? (tick)
Date Coach Started:		No of hours per week:	
Salary or Hourly rate:			
Courses Attended (within the last six-month period):			
Courses coach would like to attend:			

Coach Name:		Male/Female:	
Coach Tel No:		Coach Qualification:	
Coach E-mail:			
Coach Ethnicity:		Is the Coach Disabled? (tick)	Non Disabled ? (tick)
Date Coach Started:		No of hours per week:	
Salary or Hourly rate:			
Courses Attended (within the last six-month period):			
Courses coach would like to attend:			

Derbyshire Hockey

Coach Name:		Male/Female:	
Coach Tel No:		Coach Qualification:	
Coach E-mail:			
Coach Ethnicity:		Is the Coach Disabled? (tick)	Non Disabled ? (tick)
Date Coach Started:		No of hours per week:	
Salary or Hourly rate:			
Courses Attended (within the last six-month period):			
Courses coach would like to attend:			

Coach Name:		Male/Female:	
Coach Tel No:		Coach Qualification:	
Coach E-mail:			
Coach Ethnicity:		Is the Coach Disabled? (tick)	Non Disabled ? (tick)
Date Coach Started:		No of hours per week:	
Salary or Hourly rate:			
Courses Attended (within the last six-month period):			
Courses coach would like to attend:			

Coach Name:		Male/Female:	
Coach Tel No:		Coach Qualification:	
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Coach Ethnicity:		Is the Coach Disabled? (tick)	Non Disabled ? (tick)
Date Coach Started:		No of hours per week:	
Salary or Hourly rate:			
Courses Attended (within the last six-month period):			
Courses coach would like to attend:			

Copy this page as necessary for additional coaches.

3. Coach Deployment

Total Number of hours worked by coach(es)

Total Number of hours spent coaching

Please indicate the percentage time the coach(es) have spent in each setting

Curriculum Time	
Dinner-time/After School clubs	
Club	
Administration/travel	
Total	100%

4. Coach Education

Please state the number and names of attendees on each course

Course	Number of attendees	Names of attendees	
Hockey Leaders Course			
Level 1			
Level 2			
Umpire Course			
Generic Coach Education (e.g. Safeguarding/First Aid)			
Goalkeeping Course			

5. Financial Reconciliation

Please state how much funding has been spent

Activity	Amount (£)
Coach Salaries	
Coach Education	
Facility Hire	
Umpire Fees	
Competition/Festivals	
Administration	
Other (please state)	
Total	

6. Other Comments

Please write any further comments below:

Please return to Ann Lindsay, Treasurer of Derbyshire Hockey Association

E-mail: annlin@globalnet.co.uk

Post: 68 Street Lane
Denby
Derbyshire
DE5 8NF