



1-to-1 Coaching & Mentoring Risk Assessment

Section 1: Session Details

Field **Input**

Coach / Mentor Name

Role / Qualification

Date of Risk Assessment

Session Date(s) & Time(s)

Location / Venue

School / Organisation

Child / Young Person Initials

Age / Year Group

Purpose of 1-to-1 Session

DSL (School or KickStart)

Section 2: Identified Risks & Control Measures

Risk Area	Potential Risk	Control Measures	Risk Level
Safeguarding	Allegation or misinterpretation	Open/visible setting, FA Code of Conduct followed	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H
Lone Working	Coach alone with child	Location logged, school informed, phone carried	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H
Environment	Isolated or unsuitable area	Approved room / visible outdoor area	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H
Physical Contact	Misunderstood contact	Essential only, explained to child	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H
Communication	Inappropriate contact	Approved channels only	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H

Risk Area	Potential Risk	Control Measures	Risk Level
Medical	Injury or illness	First aid trained, emergency procedures	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H
Behaviour	Challenging behaviour	Behaviour policy followed	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H
Security	Unauthorised access	School visitor procedures	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H
Transport	Unauthorised transport	Transport avoided unless authorised	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H

Section 3: Additional / Individual Risks

.....

.....

.....

.....

.....

.....

Section 4: Emergency & Reporting Procedures

- Immediate danger: **Call 999**
- Safeguarding concern: **Report immediately to DSL**
- Incident / near miss: **Record and inform KickStart Soccer Ltd**
- Allegations against staff: **Follow LADO procedures**

Section 5: Dynamic Risk Assessment (Pre-Session Check)

- ☐ Location remains suitable and visible
- ☐ School staff aware of session
- ☐ No new safeguarding concerns
- ☐ Emergency contact available
- ☐ Child understands purpose of session

If conditions change, the session must be adapted or stopped

Section 6: Consent & Authorisation

- ☐ School approval obtained
 - ☐ Parental consent obtained (where required)
 - ☐ KickStart Soccer Ltd approval
 - ☐ Coach DBS & safeguarding training in date
-

Section 7: Sign-Off

Name	Role	Signature	Date
Coach / Mentor			
School DSL / Representative			
KickStart Soccer Ltd Manager			