



Sevenoaks Swimming Club

Founded 1915

Affiliated to: ASA South East Region, Kent County ASA, RLSS

Job Description: Disabilities Liaison Officer

- Responsible to:** The Sevenoaks Swimming Club Committee
- Main Purpose:** To raise awareness and provide opportunities to meet training needs of disabled swimmers
- Skills Required:**
 - organised
 - tact and discretion
 - good communication skills
- Time Commitment:** Approximately 2-4 hours per month

Key Tasks:

1. Communicate relevant information to club members /volunteers
2. Communicate with local schools to promote the accessibility of the club and to develop school /club links
3. Develop links with local disability group with the view to recruit more members and to promote opportunities within the club
4. Ensure that the club procedures are inclusive to all members and potential members
5. Coordinate the recruitment of team managers /coaches for sessions involving members with disabilities
6. Support the training needs of team managers /coaches in relation to working with disabled athletes
7. Liaise with local Sports Development Officers and County Disability Sports Development Manager
8. Communicate with coaches, team managers and welfare officers to ensure that all activities are safe, accessible and in line with club and NGB policies
9. Ensure that members with disabilities are aware of the competitive opportunities available to them, both within and external to the club
10. Positively promote opportunities for disabled people through club publicity materials
11. Attend a disability awareness course, Sports Coach UK's 'How to Coach Disabled People in Sport' and to encourage coaches and volunteers to attend
12. Explain the aims of the Club and the benefits of Swim 21 accreditation
13. Ensure the Health and Safety of members at all times
14. Adhere to and promote the Amateur Swimming Association's Child Protection Policy
15. Adhere to and promote the Club's rules, regulations and other policy statements
16. Undertake any other tasks appropriate to this level of responsibility

Signatures: Disabilities Liaison Officer: Date:

Chairman: Date: