



# Annual Club Profile (2009)



Department of  
Sport and Recreation

Club Name:		
Contact Person:	Position:	
Telephone Number:	Email:	
Club Postal Address:		
Club Telephone Number:	Club Email:	Club Website:

## Executive Committee

President	Name:
	Phone:
	Email:

Secretary	Name:
	Phone:
	Email:

Vice President	Name:
	Phone:
	Email:

Treasurer	Name:
	Phone:
	Email:

<b>Administration</b>	Please tick			<b>Comments/ Actions</b>
	<b>Yes</b>	<b>No</b>	<b>In Progress</b>	
Are you incorporated under state law?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is your club constitution up to date and relevant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a current set of by-laws, rules and regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the management committee have a meeting procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Minutes of meeting recorded and circulated to members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does your club have job descriptions/ position statements of the executive committee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are rules and regulations made easily available for members to access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does your club hold an Annual General Meeting?	<input type="checkbox"/>	<input type="checkbox"/>	If so, what approx date is it held?	
Does your club have any positions filled with paid employees?	<input type="checkbox"/>	<input type="checkbox"/>		

<b>Planning</b>	<b>Yes</b>	<b>No</b>	<b>In Progress</b>	<b>Comments/ Actions</b>
Does your club have a current business plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How often would your club review the plan? Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> End of the season <input type="checkbox"/> Yearly <input type="checkbox"/>				
Would you be willing to involve the Club Development Officer to offer ideas/ feedback in your clubs next Business plan?	<input type="checkbox"/>	<input type="checkbox"/>		
Does your budget extend beyond the current year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a planning checklist for major events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Policies and Guidelines

While not a comprehensive list, does your club have written guidelines or policies (including those set out by your state body) on:

*Please Note:* If answered no, the Club Development Officer will send out a generic policy or guideline

	Yes	No
Anti-harassment (racial, sexual, cultural, religious, etc)	<input type="checkbox"/>	<input type="checkbox"/>
Child protection (ie Working with Children Checks)	<input type="checkbox"/>	<input type="checkbox"/>
Health related issues (anti-smoking, alcohol awareness)	<input type="checkbox"/>	<input type="checkbox"/>
Financial processes	<input type="checkbox"/>	<input type="checkbox"/>
Complaints handling	<input type="checkbox"/>	<input type="checkbox"/>
Committee members duties and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>
Codes of Conduct for players, coaches and spectators	<input type="checkbox"/>	<input type="checkbox"/>
Member protection/ working with children checks	<input type="checkbox"/>	<input type="checkbox"/>
Inclusiveness/ services for people with disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Legal issues and risk management	<input type="checkbox"/>	<input type="checkbox"/>
Sponsorship, fundraising and grants	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer management and training opportunities	<input type="checkbox"/>	<input type="checkbox"/>

**Members Profile**

Number of Active Members		Number of Social Members	
Number of Volunteers		Number of Disabled	
Number of Indigenous		Number of Seniors	
Number of Women		Number of Men	
Number of Youth under 21 years			
How many teams does your club have?			
What age groups are those teams?			

**Can you provide the total number of members of your club for the past 6 years  
(To determine if a trend exists)**

2003:	2004:	2005:
2006:	2007:	2008:

**Does your club have the capacity to grow (both in membership & facilities)?**

Please provide a brief explanation of any factors that may inhibit growth:

<b>Insurance</b>	<b>Yes</b>	<b>No</b>	<b>In Progress</b>	<b>Comments/ Actions</b>
Does your club have adequate building and/or equipment insurance to cover all potential risks (theft, fire, damage, weather, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does your club have adequate insurance to protect the professional conduct of: - Directors/ Committee, Members & Officials	<input type="checkbox"/>	<input type="checkbox"/>		

<b>Finance</b>	<b>Yes</b>	<b>No</b>	<b>In Progress</b>	<b>Comments/ Actions</b>
Does your club have procedures in place to monitor and control spending, such as: - Spending limits for office holders? - At least two signatures for payment transactions?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Does your club: - Prepare an annual budget? - Revise budget, as required, throughout the financial year? - Prepare an annual financial report to the committee? - Have it's financial statements audited?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
Is your club aware of funding opportunities from: - Department of Sport and Recreation - Healthway - Lotterywest - City of Geraldton Greenough	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

**Has your club received a sponsorship grant from outside the City of Geraldton-Greenough in the past 10 years?**

	Yes	No
If yes, How much & from whom:		

**Member Fees**

Division/ Team	Registration Fees	Match Fees	Insurance Fees	Uniforms / equipment
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

**What bracket would you put your club's surplus cashflow status in:**

<b>\$ 0 – 100</b>	<b>\$ 100 – 500</b>	<b>\$ 500 – 2000</b>
<b>\$ 2000 – 10 000</b>	<b>\$ 10 000 – 50 000</b>	<b>\$ 50 000 or above</b>

**Where does the majority of your income come from?**

**Please list with 6 as the most:**

Sponsors		Member Fees	
Fundraising		Grants	
Events/Shows/Games		Catering	

**Education and Training**

	Yes	No	In Progress	Comments/ Actions
Do you have a policy for the training and accreditation of instructors, coaches and officials through various accrediting bodies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

How many coaches does your club have?

How many qualified coaches does your club have?

**Advertising/ Promotion**

	Yes	No	Comments/ Actions
How does your club normally try to attract members/ players?			
- Mail-outs	<input type="checkbox"/>	<input type="checkbox"/>	
- Schools	<input type="checkbox"/>	<input type="checkbox"/>	
- Advertising	<input type="checkbox"/>	<input type="checkbox"/>	
- Club website	<input type="checkbox"/>	<input type="checkbox"/>	
- State Sporting Association Website	<input type="checkbox"/>	<input type="checkbox"/>	
- Department of Sport and Recreation website	<input type="checkbox"/>	<input type="checkbox"/>	
- Word of mouth	<input type="checkbox"/>	<input type="checkbox"/>	
- Other (please list)			

What is the most effective method your club uses to attract new members?

**Registrations**

When is your club's registration period?

**Please place an x next to each month your season runs for, if your club has two seasons, mark Y for the second season:**

January		February		March		April	
May		June		July		August	
September		October		November		December	

### Training

Please list your clubs training days and times?

### Facility Management

	Yes	No	Not Applicable	Comments/ Actions
Does your club own the facility / land on which they operate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the club does not own the facility / land on which it operates, is the land owned by the Local Council?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the club consider facility maintenance and upgrades in its budgeting process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does you club have any of the following facilities: <ul style="list-style-type: none"> <li>- Floodlights</li> <li>- Clubrooms</li> <li>- Is it a multiuser facility</li> <li>- For those with disabilities</li> </ul> If yes, please list what these are:	<input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    	<input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    		

