

Postal Address
PO Box 293
Northgate Qld. 4013



Phone (07) 3216 1255
E: admin@ponyclubqld.com.au
www.ponyclubqld.com.au

ABN: 49 040 247 044

2022 CLUB OFFICE BEARERS RETURN

2022 CLUB SECRETARY TO COMPLETE IN *FULL* AND RETURN

(a) within 7 days of the Club AGM, and

(b) within 7 days of any interim change of Office bearers (resubmit in full)

CLUB NAME: _____ CLUB PIC: _____ ZONE: _____

CLUB PRESIDENT – (Cannot also hold the position of Treasurer)

NAME:

ADDRESS:

EMAIL.....Post code:.....

Telephone: () 9am-5pm ()AH's

..... FaxMobile

..... Email

CLUB TREASURER – (Cannot also hold the position of President)

NAME.....

ADDRESS.....

EMAIL..... Post code.....

Telephone: () 9am-5pm () AH's

..... Fax Mobile

..... Email

CLUB SECRETARY

NAME.....

ADDRESS.....

For Club Mail

.....Post code:.....

Telephone: () 9am-5pm ()AH's

..... FaxMobile

..... Email

Club Email:

Postal Address
PO Box 293
Northgate Qld. 4013



Phone (07) 3216 1255
E: admin@ponyclubqld.com.au
www.ponyclubqld.com.au

ABN: 49 040 247 044

CLUB CHIEF INSTRUCTOR

NAME:

ADDRESS.....

EMAIL.....Post code:.....

Telephone: () 9am-5pm ().....AH's

..... Fax.....Mobile

.....Email

CLUB HORSE WELFARE OFFICER

NAME.....

ADDRESS.....

.....Post code:.....

Telephone: () 9am-5pm ().....AH's

CLUB SUN SAFETY OFFICER

NAME.....

ADDRESS.....

.....Post code

Telephone: () 9am-5pm ().....AH's

The information on this return accurately reflects the outcomes of the Club AGM

Date of Club Annual General Meeting:

Date set down to review Club Risk Management Policy:

Date set down to review Club Member Protection Policy:

SignedDate:
(Club Secretary)

NOTE: FOR COMPLETION OF THIS FORM:

Please attach a copy of the Minutes & Financials of the AGM to this report and return the originally signed form to PCQ.

Risk Assessment Checklist

CHECKLIST FOR CLUBS – Warning: this checklist is not exhaustive

Clubs affiliated with Pony Club Queensland should complete the following checklist and return a copy to PCQ each year with the Club Office Bearers Return.

If the answer to any of the questions is “no”, please provide details explaining the reason for non-compliance and the action and timeframe in place to remedy the non-compliance.

CLUB					
Number	Question	Answer		If answer is “no” is explanation attached?	
1	Is a copy of the following documents displayed in a place available to all members, riders, volunteers, instructors and staff?	Yes	No	Yes	No
	1. Club Constitution or Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Club By-laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Club Risk management Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Club Member protection Policy in full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. PCAQ Insurance summary for this year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Associations Incorporation Act and Regulations including Model Rules (all current)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7. Copies of OFT Annual return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8. Copies of PCAQ Annual return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9. Copies of AGM Minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Has the club reviewed the following policies and made any recommended changes in the past twelve months?	Yes	No	Yes	No
	1. Risk management Policy Date of review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Member Protection Policy Date of review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. By-laws Date of review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Has the club complied with the policy in relation to inspection and maintenance of facilities?	Yes	No	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Date of last inspection	/ / 20	
4	Has the club complied with the policy in relation to the provision of food and beverages? Date of last inspection	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
5	Is ready access to and from facilities available in the event of an emergency?	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
6	Does the club ensure that there is appropriate supervision and monitoring of the use of club facilities?	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
7	Has the club complied with the policy in relation to medical treatment, both in relation to skills and facilities?	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
8	Does the Club's Constitution adequately allow for the club to exercise disciplinary powers over its members Date of last review	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
9	Do club premises comply with the minimum Workplace health and safety standards? Date of last review	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
10	Does your club have top up liability insurance cover for non pony club events	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
11	Has the club and its members complied with the Policy on defamation? Tick "no" if the club has received any complaints in this regard.	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
12	Has the club reviewed noise and lighting levels over the past twelve months to ensure they are not excessive? Date of last review	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>
13	Has the club complied with the policy on discrimination?	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Yes <input type="checkbox"/> / No <input type="checkbox"/>

14	Has the club ensured that all members are notified to PCQ and are covered under PCQ's insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15	Has the club considered the relevant rule book or manual when running an event or activity, regular or otherwise, for riders?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16	Is there a prohibition or monetary limit on expenditure incurred by club officers or others without formal approval?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17	Must all cheques bear two signatures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18	Have up to date financial accounts been presented at each Management Committee Meeting during the last 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19	Has the Management Committee met during the last 12 months as and when required by the club constitution?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20	Was the AGM held within 3 months of the end of the Club's financial year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21					
22					

SIGNATURE

Name of Person signing report
Position in organisation
Date
Signature