

## Record of Archery Best Practice Form:

### ArcheryGB

“What works well for you”

<b>Personal Information:</b>	
Name of person completing form:	
Region:	County: Club:
Telephone:	Email address:
Role:	GNAS Number:
<b>Category of Best Practice:</b> Please circle or highlight the category that best matches your example of best practice:	
<ul style="list-style-type: none"> <li>• Delivery of 'hands on coaching' to archers</li> <li>• Coach Training</li> <li>• Support services for Coaches</li> <li>• Reward and recognition for coaches and coaching workforce</li> </ul>	<ul style="list-style-type: none"> <li>• Coach Management</li> <li>• Coaching Administration</li> <li>• Partnership with outside agencies</li> <li>• Beginners Course/Have a Go</li> <li>• Working with or in Schools etc.</li> <li>• Other: please describe .....</li> </ul>
<b>Summary of best practice:</b> Location (Region / County / Club / Local):	
Key person(s) involved (including contact details):	
Brief description of activity:	
<b>Reviewers</b>	
Reviewer 1: Name	Date:
Reviewer 2: Name	Date:

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