

# Succession Plan – *Your county*

**Name of organisation:**

**Date of succession plan:**

**Review date:**

Current Team						New Role Holder		Handover Period	
Current role holder	Role	Date of Appointment	Term	Training Needs Identified	Staying on/ Timescale	Actions to source replacement	Possible replacement(s) name/s	Induction Training/ development needs	Completed
Insert Name	Chair								
Insert Name	Vice Chair								
Insert Name	Treasurer								
Insert Name	Secretary								
Insert Name	Welfare Officer								
Insert Name	Masters Coordinator								
Insert Name	Junior Hockey Chair								
Insert Name	Adult Competition Coordinator								
Insert Name	Administrator								