

Provider questionnaire

To

Dear provider,

is proposing to undertake an educational visit to your facilities between the following dates :

To

Would you please indicate that you meet the conditions listed by ticking the box next to the questions asked below.

If you do not meet any of these conditions or if any of them are not applicable to your operation and circumstances please indicate this in writing next to each entry.

I have included details about the age range and abilities known of the group we propose to bring.

Once you have completed this form please return it to

Name:

Address:

Telephone Number :

I will accept your signature on this form as an assurance that the conditions are in place.

| Condition | | Tick if met |
|-----------|---|-------------|
| 1 | All activity provision is subject to risk assessment and a copy of the recorded assessments are available for inspection. | |
| 2 | Risk assessments and relevant certification are available for the premises/structure and facilities. | |
| 3 | The staff with whom the Group will work are qualified with the appropriate National Governing Body at the instructor level recommended by that NGB for the activities to be undertaken. | |
| 4 | Where there is no appropriate National Governing Body or appropriate award for a particular activity a copy of our published Code of Practice, including training and assessment procedures, is included. | |
| 5 | The ratios of staff to young people for the activities conform to those recommended by the appropriate National Governing Body, or in the absence of this, our Code of Practice. | |
| 6 | Our staff have the experience, competence and professionalism to work with the age range and abilities of the group. | |
| 7 | Persons involved in the administration of first aid hold relevant current qualifications. | |
| 8 | There are procedures in place to ensure all staff working with young people have been vetted or references checked to establish their suitability for work with young people. | |
| 9 | All equipment and resource provision is suited to the task, adequately maintained and in accordance with statutory requirements and current good practice, with records kept of maintenance checks. | |
| 10 | Vehicles and trailers are kept in a roadworthy condition, comply with existing legal requirements and are appropriately insured. | |
| 11 | The Group Leader will have regular opportunity to liaise with our designated Leaders to discuss the programme. | |
| 12 | There are appropriate alternative programme options in the event of bad weather, staff illness and other unforeseen circumstances. | |
| 13 | We have a Code of Conduct for visiting groups that will be provided to the Group Leader. | |
| 14 | There is documented division of responsibilities between us and any visiting groups regarding safety, supervision, the programme and general welfare, which will be made available to the Group Leader | |
| 15 | We have documented procedures for dealing with accidents, near misses and emergencies and records are available for inspection. | |
| 16 | We comply with relevant legislation such as the Health and Safety at Work Act and associated Regulations, the Food Safety act and associated Regulations, the Fire Precautions (Workplace) Regulations etc. | |
| 17 | We hold suitable Public Liability Insurance | |
| 18 | We encourage responsible attitudes to the environment as an integral part of the programme | |

Please list any current relevant accreditation e.g. Registration with the Adventure Activity Licensing Authority etc. :

| | |
|---------------------|--|
| Accreditation | |
| Additional Comments | |

| | |
|----------------------------------|--|
| Name in capitals | |
| Position within the organisation | |
| Name and address of company | |
| Telephone number | |
| Fax number | |
| e-mail address | |

Signed _____ Date _____

Print Name _____