

PROVIDER STATEMENT

Visit Leaders please note: you should NOT send this form to a provider that holds a relevant Learning Outside the Classroom Quality Badge, unless your employer requires confirmation of indemnity limits (Section A). Details of the badge and a list of holders can be found at www.lotcqualitybadge.org.uk

Visit Leaders requiring advice on the interpretation of information given by Providers on this form should contact their establishment's EVC.

PART 1: To be completed by the Visit Leader

Name & address of Establishment (school/service)	
Email (or fax)	
Type of Visit/Activity:	
Name of Visit Leader	
Name of Provider	
Date(s) of visit	

PART 2: To be completed by the Provider

Please give careful consideration to the following statements and respond with YES, NO or N/A, or give the specific information required. If you hold a valid Learning Outside the Classroom (LOtC) Quality Badge but the Visit Leader requires confirmation of your indemnity limits, only complete Section A, 1.1 and 1.2 and the Confirmation.

SECTION A to be completed for all types of visit

1. Insurance		
1.1	Do you hold public liability insurance, which will be current during the proposed visit, and which covers all directly provided and sub-contracted activity?	
1.2	If Yes, what is its indemnity limit?	£ M

SECTION B to be completed for all types of visit

2. Health, Safety and Emergency Policies		
2.1	Do you comply with relevant health and safety regulations, including the Health and Safety at Work etc. Act 1974 and associated Regulations, and have a written health and safety policy and recorded risk assessments, which are available for inspection?	
2.2	Do you have accident & emergency procedures in place, with records available for inspection?	

3. Vehicles		
3.1	Are all vehicles to be used roadworthy, and do they meet the requirements of regulations in the country in which they will be used and EU regulations on passenger seats and seat restraints?	
4. Staffing		
4.1	Do you have a robust recruitment and engagement process to ensure that staff are suitable to work with young people, including enhanced DBS check and barred list check for any staff engaged in regulated activity?	
4.2	Are there regular opportunities for liaison between your staff and establishment staff?	
4.3	Is there sufficient flexibility to make radical changes to the programme if necessary, and will the reasons for any such changes be made known to establishment staff?	
5. Accommodation		
5.1	Does UK accommodation comply with current fire regulation requirements (Regulatory Reform, (Fire Safety) Order 2005)?	
5.2	Have you inspected all overseas accommodation to be used to confirm that it meets legal requirements of the country concerned and that it has fire safety and security arrangements equivalent to those required in the UK, and are records of these inspections available?	
5.3	Are there security arrangements in place to prevent unauthorised persons entering the accommodation?	
5.4	Are separate male and female sleeping accommodation and washing facilities provided?	
5.5	Is staff accommodation sufficiently close to young people's accommodation for adequate supervision?	
6. Sub-contracting		
6.1	Will you sub-contract any services (e.g. activity instruction, transport, accommodation)?	
6.2	Where any element of provision is subcontracted, do you ensure that each sub-contractor meets the relevant specifications outlined in the other sections of this form, and are records of checks of sub-contractors available for inspection?	

SECTION C

to be completed if the visit includes activities or field studies

7. Adventure Activities Licensing Authority (AALA) Licence to be completed if any activities are within the scope of the licensing regulations		
7.1	AALA Reference number Date of expiry.	
7.2	Does the Licence held cover all planned activities, which are in the scope of AALA licensing?	
8. Activity Management to be completed about all activities		
8.1	Do you have a policy for staff recruitment, training and assessment, which ensures that all staff with a responsibility for participants are competent to undertake their duties?	
8.2	Do you maintain a written code of practice for activities, which is consistent with relevant National Governing Body guidelines and, if abroad, the relevant regulations of the country concerned?	
8.3	Do you confirm staff competence by appropriate National Governing Body qualifications for the activities to be undertaken, or have staff had their competence confirmed by an appropriately qualified and experienced technical adviser?	
8.4	Where there is no National Governing Body for an activity, are operating procedures, staff training & assessment requirements explained in a code of practice?	
8.5	Will participants at all times have access to a person with a current first aid qualification, and are staff practised & competent in accident & emergency procedures?	
8.6	Is there a clear definition of responsibilities between your staff and visiting staff about supervision and welfare of participants?	
8.7	Is all equipment used in activities suited to the task, adequately maintained in accordance with statutory requirements and current good practice, with records kept of maintenance checks as necessary?	

SECTION D
to be completed by Tour Operators

9. Tour Operators	
9.1	If you are a Tour Operator, do you comply with the Package Holidays and Package Tours Regulations 1992 and The Foreign Package Holidays (Tour Operators and Travel Agents) Order 2001, including bonding to safeguard customers' monies? Please provide ATOL, ABTA or other bonding body names and numbers below.
Details of any bonding (ATOL, ABTA etc)	

SECTION E – EXPEDITIONS
to be completed for overseas expeditions

10. Expeditions	
10.1	Do you agree to provide sufficient written information and assurances specific to the expedition, as required by the establishment and its employing body?

SECTION F – ACCREDITATION

11. Details of any accreditations held by the Provider

CONFIRMATION

I confirm that the details given above are correct, and that our organisation will give prior notification of any significant changes that might adversely affect the safety and wellbeing of user groups.

Signed: _____

Date: _____

Name: _____

Position in organisation: _____

Name of Provider: _____

Address of Provider: _____

Tel: _____ Fax: _____ Email: _____

Website: _____

Thank you for completing this form. Please return it to the Visit Leader at the establishment named above.