**Off-site Activities Provider Form**

**For completion by ‘external providers’ used by Slough Borough Council establishments**

Providers **that do not hold a LOtC Quality Badge** and that are to be used by establishments from Slough Borough Council, are required to complete and return this form in advance of the establishment making a commitment.

Establishment:

Staff member in charge:

Date(s) of visit:

Name of provider:

The provider or tour operator providing services to the establishment named above is asked to give careful consideration to the statements below and sign in the space at the end of the form to indicate that the standard of service will meet the conditions listed. Please tick all specifications you can meet, indicate by a cross any you cannot meet, and write N/A against any specifications which do not apply to your provision.

Section A should be completed for all visits. Sections B (adventure activities), C (tour operators) and D (expeditions) should also be completed if applicable.

## SECTION A - ALL VISITS

| Details | Please State Yes or No |
| --- | --- |
| 1. Health, Safety, and Emergency Policy:

The provider complies with relevant health and safety regulations, including the Health and Safety at Work Act 1974 and associated regulations for visits taking place in the UK, and has a health and safety policy and recorded risk assessments which are available for inspection. |  |
| 1. Health, Safety, and Emergency Policy:

Accident and emergency procedures are maintained, and records are available for inspection. |  |
| 1. Vehicles:

All vehicles are roadworthy and meet the requirements of relevant regulations in the country in which they are being used. |  |
| 1. Staffing:

All reasonable steps are taken to check staff who have access to young people for relevant criminal history and suitability to work with young people. |  |
| 1. Staffing:

There are adequate and regular opportunities for liaison between establishment staff and the provider’s staff and there is sufficient flexibility to make changes to the programme if necessary and the reasons for such changes will be made known to establishment staff. |  |
| 1. Staffing:

The provider has never been dismissed from any employment or had a contract ended. |  |
| 1. Insurance:

The provider has public liability insurance for at least £5 million with a clause giving ‘indemnity to principal’ |  |
| 1. Accommodation (if provided):

UK accommodation is covered by a current fire certificate or advice has been sought from a fire officer and implemented, and a fire risk assessment has been completed. |  |
| 1. Accommodation (if provided):

If abroad, the accommodation complies with fire, health and safety regulations which apply in the country concerned. |  |
| 1. Accommodation (if provided):

There are appropriate security arrangements to prevent unauthorised persons entering the accommodation. |  |
| 1. Accommodation (if provided):

Separate male and female accommodation and washing facilities are provided and staff accommodation is close to participants’ accommodation. |  |

## SECTION B - ADVENTURE ACTIVITIES AND FIELD STUDIES IN OUTDOOR ENVIRONMENTS

| Details | Please State Yes or No unless specify |
| --- | --- |
| 1. Adventure Activities Licensing Authority (AALA) Licence covering dates of visit (Please state Yes or Out of Scope for this statement)
 |  |
| 1. If yes, please provide AALA License Number
 | R- |
| 1. Activity management:

The provider operates a policy for staff recruitment, training and assessment which ensures that all staff with a responsibility for participants are competent to undertake their duties. |  |
| 1. Activity management:

The provider maintains a written code of practice for activities which is consistent with relevant National Governing Body guidelines and/or, if abroad, the relevant regulations of the country concerned. |  |
| 1. Activity management:

Staff competencies are confirmed by appropriate National Governing Body qualifications for the activities to be undertaken, or staff have had their competencies confirmed in writing by an appropriately experienced and qualified technical adviser. |  |
| 1. Activity management:

Where there is no National Governing Body for an activity, the provider has a Code of Conduct for that activity which is in line with current good practice within the UK, and this includes appropriate instructor competencies. |  |
| 1. Activity management:

Participants will at all times have access to a person with an appropriate First Aid qualification. Staff are practiced and competent in accident and emergency procedures. |  |
| 1. Activity management:

There is a clear definition of responsibilities between providers and visiting staff regarding supervision and welfare of participants. |  |
| 1. Activity management:

All equipment used in activities is suited to task, adequately maintained in accordance with statutory requirements and current good practice, with records kept of maintenance checks where necessary. |  |

## SECTION C – TOUR OPERATORS

Where a tour operator delivers services to establishments using other providers e.g., ski establishments, transport operators or accommodation, the tour operator must ensure that each provider meets the relevant specifications outlined in Sections A and B of this form and that these providers operate to standards which meet the relevant regulations which apply to the country of operation.

| Details | Please State Yes or No |
| --- | --- |
| 1. Sections A and B of this form, as appropriate, have been completed to show that checks have been made. Records are available for inspection.
 |  |
| 1. The Tour Operator complies with the package travel regulations, including bonding to safeguard customers’ monies.
 |  |
| 1. ATOL, ABTA or other bonding body name and numbers
 |  |

## SECTION D – OVERSEAS EXPEDITIONS

1. The provider complies with ‘Guidance for Overseas Expeditions, Edition 3’ (GOE3).
* If any of the above specifications cannot be met or are not applicable, please give details:
* Please provide details of any other accreditation, e.g., with National Governing Bodies, tourist boards, etc.:

## DECLARATION

I hereby certify that I am an authorised signatory to enter into this Agreement and to bind the said company, firm, person or corporation to the terms and conditions herein.

Signed:

Date:

Name (print):

Position in organisation:

Full name and address of company, firm, person, or corporation:

Tel:

Fax:

Email: