

## 9.3 INDEPENDENT PROVIDERS QUESTIONNAIRE

To be completed and returned to the school or establishment

It is strongly recommended that school and youth groups within Birmingham LA assure themselves of the suitability of any residential and activity facilities provided by independent operators, external to the LA, before financial commitment to the venture. The issues below should form the basis of initial questions to the prospective provider who should then complete and return the Questionnaire.

Provisional bookings should be made subject to return of the Questionnaire.

NAME OF COMPANY BIRMINGHAM BOYS AND GIRLS UNION			
NAN	ME OF CENTRE/HOTEL OR YOUTH HOSTEL	WOODLANDS ADVENTURE & OU'LEARNING	TDOOF
CON	MMUNICATION ADDRESS BOURNE VALE	, ALDRIDGE, WALSALL, WS9 0SH	
		<b>TEL NO.</b> 0121 353 7329	
NAN	ME OF SCHOOL OR GROUP AND <u>DATES</u> TO V	WHICH THIS QUESTIONNAIRE REL	ATES
1.	Does the above Company /Centre or Provider accreditation?  If so, please indicate L.O.T.C, ADVENTURI ORGANISATION MEMBER, BRITISH CAN I.I.P, NICAS	EMARK, I.O.L	Yes
2.	Does the Company / Centre or Provider have vavailable at the time of booking and to which vidownloadable from website.		Yes
3.	Where applicable, do all facilities used comply e.g. Health and Safety at Work Act 1974; Envir requirements?		Yes
4.	Do the premises have a regularly reviewed, cur must include an action plan for significant ident reviewed.		Yes
5.	Will you provide, on request, names and addresses of recent user groups to whom reference can be made?		Yes
6.	Do you provide opportunities for preliminary vis	sits?	Yes
7.	General staffing Do your designated supervisory staff have the appropriate to work with the group in question?	•	Yes
	Do you provide adequate and regular opportun designated staff and those of the visiting group		Yes



	Is there a clear definition of responsibilities (for staffing of safety, supervision,			
	programme and general welfare) between your staff and staff of the visiting group? Have all staff who come into contact with young people had appropriate criminal record/police check?	Yes		
8.	Activity staffing Do you offer any licensable activities (Adventure Activities Licensing Regulations, 1996)? If 'Yes', please list All activities fall outside the A.L.L.A Remit	No		
	Are you licensed by the Adventure Activities Licensing Authority? If 'Yes', Licence Number	No		
	Where adventure activities (other than those above) are provided, are all staff who directly supervise each activity appropriately qualified under the relevant National Governing Body?	Yes		
	Where no National Governing Body exists for a particular activity do you have a written Code of Practice for each such activity.	Yes		
	Is this available if required?	Yes		
	A - Chatter - material and			
9.	Activity equipment  Do you have a written and prescribed system of safety checks?	Yes		
	Do you have a written and prescribed maintenance programme?	Yes		
	Is there sufficient equipment of appropriate size for the number of pupils in the group?	Yes		
	Where national standards exist, does the equipment conform to those standards?	Yes		
10.	Do you hold a public liability insurance policy which will be current at the date of the proposed visit, both in relation to all directly provided and sub-contracted activity?			
	Please give here the Limit of Indemnity £5,000,000			
11.	Do you have a procedure for dealing with complaints?  If so, please give details  DUTY MANAGER AND BOARD OF TRUSTEES			
12.				
Signed MR D NUTTING Date 14.NOV 17				
Name (Print) MR D NUTTING Position in Organisation CENTRE MANAGER				

A copy/record of this completed form must be stored and held centrally within the school or establishment. Each school/establishment should decide whether the provider meets the needs of health and safety and quality provision for accommodation, food, programmes etc.