



**REGISTER OF APPROVED EXTERNAL PROVIDERS OF
ADVENTUROUS ACTIVITIES:
APPLICATION FOR REGISTRATION**

If you have any queries when completing this form, in the interest of expediency please contact Dave Horrocks on 01479 811411 in order to address your questions immediately and enable the process to be completed as soon as possible.

1. GENERAL INFORMATION

1.1 Name of Centre/Operator

1.2 Address

Telephone No:
e-mail:

Fax No:
Web address:

1.3 Name of Owner/s

1.4 Name of Contact Person

Address of Contact Person if different from above

2. SCALE AND NATURE OF OPERATION

2.1 Status	Charitable Trust	<input type="checkbox"/>	Limited Company	<input type="checkbox"/>
	Partnership	<input type="checkbox"/>	Sole Trader	<input type="checkbox"/>

2.2 Do you comply with the package Travel Directive? Yes / No

If Yes, what sort of legal compliance do you have?

Bonding Insolvency Insurance Trust Fund

2.3 Approximate numbers of full time instructional staff

2.4 Approximate numbers of part-time instructional staff

2.5 What is the maximum number of participants you can cater for?

PART A

3 ACTIVITIES PROVIDED

Please tick the activities you provide

Abseiling	<input type="checkbox"/>	Hillwalking/Mountain Walking	<input type="checkbox"/>
Alpine Ski-ing	<input type="checkbox"/>	Kayaking	<input type="checkbox"/>
Biking	<input type="checkbox"/>	Nordic Ski-ing	<input type="checkbox"/>
Climbing	<input type="checkbox"/>	Orienteering	<input type="checkbox"/>
Camping	<input type="checkbox"/>	Power Boating	<input type="checkbox"/>
Canoeing	<input type="checkbox"/>	Riding	<input type="checkbox"/>
Caving	<input type="checkbox"/>	Ropes Course	<input type="checkbox"/>
Driving/Carting	<input type="checkbox"/>	Rowing	<input type="checkbox"/>
Field Studies in Remote/Mountain Locations	<input type="checkbox"/>	Sailing	<input type="checkbox"/>
Gorge Walking/Scrambling	<input type="checkbox"/>	Snowboarding	<input type="checkbox"/>
		Windsurfing	<input type="checkbox"/>

Other activities needing specialist equipment and instruction

Please specify

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

4. HEALTH AND SAFETY AND RISK MANAGEMENT		
4.1	Do you possess a Policy Document that indicates how aspects of safety are addressed? <i>*Please append document</i>	Yes / No
4.2	NB Health and Safety law states that all operations selling services of an adventurous nature must have a Health and Safety policy for its employees and their charges. If Yes, does the document state:	
	1. Arrangements for the safety of employees?	Yes / No
	2. Arrangements for the safety of clients?	Yes / No
	3. Clear responsibilities of all personnel and participants?	Yes / No
	4. Emergency procedures, including late back and near misses?	Yes / No
	5. Reporting relationships between management, activity staff (instructors) and participants/customers?	Yes / No
	6. How safety organisation and arrangements are monitored?	Yes / No
4.2	Operational procedures	
	Risk assessments have been carried out and recorded for all activities undertaken? <i>*Please append documents</i>	Yes / No
4.3	Do you have clear operational procedures based on risk assessments for each activity? <i>*Please append documents</i>	Yes / No
4.4	Are these procedures related to the level of competence and qualification of staff?	Yes / No
4.5	Is there a clear demarcation of responsibility between activity staff and staff accompanying the group?	Yes / No

5. ACCREDITATION, ACTIVITIES AND QUALIFICATIONS

5.1 Do any of the activities you provide need an AALS License? Yes / No

5.2 If Yes, please state below with any limitations

Activity	Limitation	Activity	Limitation
1 _____	_____	5 _____	_____
2 _____	_____	6 _____	_____
3 _____	_____	7 _____	_____
4 _____	_____	8 _____	_____

5.3 Please provide the reference number of your current licence.

5.4 If you do not need a license to provide activities, please give the reason why.

5.5 Do you provide activities that are not in scope of the licensing regulations? Yes / No

5.6 If yes, please complete the table below

Activity	Minimum qualification/training for instructional staff	Qualification of technical expert/advisor
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

****Please append copies of NGB certificates***

5. ACCREDITATION, ACTIVITIES AND QUALIFICATIONS Cont'd		
5.7	Where non-NGB awards or in-house training schemes are used, do you have documented criteria for the remit, training and assessment of these awards/trainings?	Yes / No
5.8	Where staff and qualifications from overseas are used, please state how you ensure that they are appropriate for the activities and activity sites being used. _____ _____ _____	
5.9	In the absence of assurances, please supply a letter from the relevant NGB in the UK stating that the qualification to be used is appropriate. (This does not apply to ski schools in France, Austria, Switzerland and Germany)	
5.10	Do you have a system to ensure all staff qualifications (including First Aid) are current and up to date?	Yes / No

6. STAFFING		
6.1	Do you have a recruitment policy which ensures that all staff (either your own of contracted) with a responsibility for the safety and well being of participants are competent to carry out their duties in terms of <ul style="list-style-type: none"> - Technical skills - Pastoral care and communication skills with children and adults 	Yes / No Yes / No
6.2	Child Protection: NB Aberdeenshire & Moray Councils require that approved providers operate a child protection policy that requires all newly appointed salaried, freelance and volunteer staff who are likely to have significant access to young people, to have been disclosed for criminal records at enhanced level. Providers are also encouraged to go through the enhanced disclosure process with existing employees on a voluntary basis. Is your organisation registered with Disclosure Scotland or an equivalent body?	Yes / No

6.3	Can you confirm that all staff from your organisation who will have access to young people have enhanced disclosures for criminal records	Yes / No
If you have answered Yes at 6.2 but No at 6.3 , please indicate the current status.		
<i>*Please append a copy of your child protection policy</i>		
6.4	Are all staff specifically inducted into the workings of the operation, the activity sites and their general duties/responsibilities?	Yes / No

7.	TRANSPORT	
7.1	Do you provide transport as part of your operation?	Yes / No
	If yes, types of vehicles used.	_____
	_____	_____
	Stipulated minimum age of driver	_____
7.2	Form of legal compliance	8 Seater restriction <input type="checkbox"/>
		PSV option <input type="checkbox"/>
		Minibus permit <input type="checkbox"/>

8.	EQUIPMENT	
8.1	Can you guarantee that equipment used for all activities is :	
	Safe, appropriate, correctly sized, fit for purpose intended and meets nationally accepted safety standards	Yes / No
	Checked at frequent intervals for usage and condition	Yes / No
	Checked when appropriate prior to use	Yes / No
	Subject to a documented system of purchase (suppliers and dates) inspection, maintenance and replacement	Yes / No

9.	INSURANCE	
9.1	Do you have in place insurance arrangements with respect to public liability?	Yes / No
	<i>*Please supply copies of insurance policy documents, schedules, conditions (including exemptions) and premium receipts.</i>	
	NB: Aberdeenshire & Moray Councils require providers to have a minimum of £5M public liability.	

PART B - RESIDENTIAL PROVISION

Please complete the following section if your establishment provides (or contracts) permanent overnight accommodation.

10.	RESIDENTIAL PROVISION	
10.1	Fire Safety	
	<ul style="list-style-type: none"> ▪ Is a fire certificate required for the premises Yes / No <li style="padding-left: 20px;">If Yes, is the certificate currently in force? Yes / No 	
	If a fire certificate is NOT required please indicate:	
	<ul style="list-style-type: none"> ▪ If there is a means of automatic fire detection Yes / No ▪ If there is effective means of giving a warning in the event of fire Yes / No ▪ If there is a practicable means of escape Yes / No ▪ If there is adequate means of securing and maintaining the means of escape Yes / No ▪ If exit routes and exits are well signed Yes / No ▪ If there is sufficient fire fighting equipment provided Yes / No ▪ If there are adequate fire action notices posted Yes / No 	
	Whether in possession of a fire certificate or not, please indicate:	
	<ul style="list-style-type: none"> ▪ If fire drills are conducted with all incoming groups Yes / No ▪ If staff are trained to deal with a fire emergency Yes / No ▪ Is there a fire procedure in place which will provide for: <ul style="list-style-type: none"> <li style="padding-left: 20px;">Raising the alarm Yes / No <li style="padding-left: 20px;">Contacting the emergency services Yes / No <li style="padding-left: 20px;">Evacuating the premises Yes / No <li style="padding-left: 20px;">Nominated duties to key personnel Yes / No <li style="padding-left: 20px;">Accounting for occupants Yes / No 	
	Please detail the availability of room lists in the event of fire	

10. RESIDENTIAL PROVISION Cont'd

10.2 Site Security

- Outline the arrangement for the security of the site and its buildings particularly in the evening and at night.

- Detail the procedures you have in place for the access of visitors

10.3 Accommodation

- Are there separate male and female sleeping areas? Yes / No
- Numbers per room _____

Please indicate:

- If there is at least one washbasin (with H and C) per 10 residents. Yes / No
- If there is at least one WC for every 10 residents. Yes / No
- If there is at least one bath or shower for every 15 people. Yes / No
- The proximity of leader(s) rooms to student dormitories.

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- If there is adequate access (e.g. 0.75 metres) between bunks and other furniture in the sleeping accommodation. Yes / No
 - Is there an adequate heating system in place. Yes / No
 - If there is adequate ventilation in sleeping areas including access to at least one externally opening window. Yes / No
 - If bedrooms/bathrooms have opaque blinds/curtains or similar. Yes / No
 - If there are drying facilities for students' personal clothing. Yes / No
 - If there are appropriate facilities for storing personal equipment. Yes / No

10.3	Accommodation Cont'd	
	If there are facilities for storing personal luggage	Yes / No
	Arrangements (e.g. medical room) for sick/infirm residents.	Yes / No
	Procedures for the control and administration of medicine.	Yes / No
	Arrangements for secure storage of medicines and valuables.	Yes / No
10.4	Food hygiene	
	<ul style="list-style-type: none"> ▪ Do all the staff involved in the handling and storage of food hold Elementary Food Hygiene Certificates or an international equivalence? 	Yes / No

PART C - GENERAL

11.	GENERAL
	<ul style="list-style-type: none"> ▪ Is there any other information that you think the Councils should be made aware of in relation to any aspects of the policies, operation and past record of your organisation? <p style="text-align: right;">Yes / No</p> <p style="text-align: right;">(Please specify)</p> <p>_____</p> <p>_____</p>

PART D - DECLARATION

12.	DECLARATION
<p>I declare that the information given above is truthful and understand that any inaccuracies may result in termination of the agreement with Aberdeenshire. I undertake to notify the Council immediately of any change in the circumstances referred to above.</p>	
Name	_____ Designation _____
Signed	_____ Date _____

PLEASE RETURN THE COMPLETED FORM TO:

Dave Horrocks
Adventure Scotland Ltd
Croft House
Croftside
Aviemore PH22 1QJ