



**REGISTER OF APPROVED EXTERNAL PROVIDERS OF  
ADVENTUROUS ACTIVITIES:  
RENEWAL OF 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 Site:

**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**

<b>2.1 Status</b>	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 ADDITIONAL ACTIVITIES PROVIDED SINCE LAST SUBMISSION

Please tick any **NEW** activities you are now providing

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? Yes / No

Has your Safety Policy document been revised and substantively changed since your last submission? Yes / No

**If Yes, please append amended document**

<b>4.2</b>	<b>Operational procedures</b>	
	Risk assessments have been carried out and recorded for all activities undertaken?	Yes / No
	Have your risk assessments been formally reviewed since your last submission? <b>If Yes please append revised documents</b>	Yes / No
<b>4.3</b>	Do you have clear operational procedures based on risk assessments for each activity?	Yes / No
<b>4.4</b>	Have your operational procedures changed since your last submission <b>If Yes please append revised documents</b>	Yes / No

<b>5.</b>	<b>ACCREDITATION, ACTIVITIES AND QUALIFICATIONS</b>	
<b>5.1</b>	Do any of the activities you provide need an AALA License?	Yes / No
<b>5.2</b>	Please provide the reference number of your current AALA licence.	
<b>5.3</b>	Please detail any changes to the terms or scope of your AALA license since your last submission.	
<b>6.</b>	<b>STAFFING &amp; RECRUITMENT</b>	
<b>6.1</b>	Have you made any changes to your recruitment and staff induction policies and procedures since your last submission? If Yes please detail below	Yes / No
<b>6.2</b>	<b>Child Protection:</b> NB Aberdeenshire Council requires that approved external 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
<b>6.3</b>	Can you confirm that <b>all</b> staff from your organisation who will have access to young people have <b>enhanced disclosures</b> for criminal records	Yes / No

If you have answered **Yes at 6.2** but **No at 6.3**, please indicate the current status.

Please append a copy of your child protection policy

## 7. TRANSPORT

7.1 Do you still provide transport as part of your operation? Yes / No

If yes, please indicate **any changes**:

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 Please supply copies of your current public and employer's liability insurance certificates including any conditions/exemptions

NB: Aberdeenshire Council requires providers to have a **minimum of £5M** public liability indemnity.

## PART B - RESIDENTIAL PROVISION

### 10. RESIDENTIAL PROVISION

Please outline below any significant changes to the nature of your residential facilities, particularly in terms of fire safety and site security.

## PART C - GENERAL

### 11. GENERAL

- Is there any other NEW 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?

Yes / No

(Please specify)

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## PART D - DECLARATION

### 12. DECLARATION

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.

Name \_\_\_\_\_ Designation \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

### PLEASE RETURN THE COMPLETED FORM TO:

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