



# **NOTIFICATION OF ADVENTUROUS ACTIVITIES**

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## **NOTIFICATION OF ADVENTUROUS ACTIVITIES:**

### **GUIDANCE NOTES**

#### **Introduction**

This document is addressed to all those involved in the delivery and management of Adventurous Outdoor Activities under the auspices of Aberdeenshire Council. The Council continues to recognise the value of Outdoor Adventurous Activities and supports the valued contributions of employees in creating opportunities for people to take part. Whether outdoor activities are delivered in-house by establishments or contracted out to external providers, it is essential that they are under-pinned by a robust safety management system.

In the context of the document, the word “employee” implies both paid employees and volunteer staff.

**Form OE/01 forms a key element of that safety management system and must be submitted for all notifiable activities.**

#### **Notifiable Activities:**

Generally speaking, notifiable activities are those for which specialist training and/or qualifications would normally be required. More specifically they would include:

- Upland, Hill and Mountain Activities on foot, horseback, bicycle, ski or snowboard.
- All Watersports – kayaking, open canoeing, sailing, wind surfing, surfing, water ski-ing fishing, boat fishing and swimming in natural waters.
- Underground activities – caving, mine exploration.
- Airborne activities.
- Any other activities of an adventurous nature where participants are likely to be more than 1metre above the ground or over water and where specialist equipment would normally be required to safeguard progress.

A more comprehensive indicator of NOTIFIABLE ACTIVITIES is provided in Section B of the Council’s Policy document – *Safety and Good Practice in Outdoor Activities*. It should be recognised that it is not necessarily exhaustive. Where any doubt exists then activities **SHOULD** be notified.

#### **Duke of Edinburgh Award Scheme Expeditions.**

Expeditions plans should be notified separately on dedicated forms along with proposed route plans.

**There is no requirement to notify D of E Expeditions additionally on form OE/01**

#### **Informing Parents**

It is incumbent upon anyone organising adventurous activities for young people under the Council’s auspices to ensure that parents and/or guardians of all participants are adequately informed as to the nature of the activities to be undertaken. Linked to this is a requirement that the written consent of parents or guardians is sought prior to their sons and daughters taking part. Information to parents must therefore provide sufficient information to enable parents to make an informed choice regarding their son’s or daughter’s participation.

A sample parental information check list and parental consent form are included within this pack.

#### **Adventure Activities (Young Person’s Safety) Act 1996**

Following the canoeing tragedy at Lyme Bay in 1995, The Government of the day passed a private members bill requiring providers of adventurous activities for young people to be licensed. The

Government has appointed *Tourism Quality Services Ltd* to be the licensing authority, now known as the **Adventure Activities Licensing Authority**. (AALA).

AALA employ a team of inspectors who visit activity providers to ensure that standards of safe practice are being maintained. Licenses are issued for specified activities for periods of between 1 and 3 years duration.

The booklet entitled *Guidance to the Licensing Authority* is available from HMSO (ISBN 0 7176 1160 4). It gives full details of the activities which fall within scope of the scheme and should be referred to for further details.

### **In-house Activities**

Although certain activities and establishments fall out of scope of the Adventure Activities Licensing legislation, the complexity of the regulations is such that it is often difficult to differentiate between that which is licensable and that which is not. Since the policies and procedures required of providers to conform to the licensing regulations simply reflect current best practice, the authority's policy is to proceed on the basis that everything is licensable.

Aberdeenshire Council is a licensed provider of adventurous activities.

### **External Providers of Adventure Activities**

Aberdeenshire Council requires that **ONLY APPROVED EXTERNAL PROVIDERS** may be used by establishments. A regularly updated list of approved providers is maintained by the council and is circulated to establishments. The register may be viewed on the council's **Outdoor Learning web site**:- [www.aberdeenshire.gov.uk/adventure](http://www.aberdeenshire.gov.uk/adventure).

If establishments wish to engage the services of non-approved providers they must contact **Adventure Scotland** (see below) in the first instance who will initiate the registration process.

### **Non-Licensed Providers**

Some activity providers have opted to restrict themselves to the provision of activities that fall outside the scope of the regulations. It should not necessarily be assumed that unlicensed providers are either unsafe or operating illegally. Where establishments propose to use unlicensed providers it is likely that the council will carry out more stringent checking procedures on such providers as part of the external providers registration process.

## **Completing Form OE/01**

The form may be completed as hard copy or electronically. Completed forms should be signed by the head of establishment and sent to Adventure Scotland at least four weeks prior to the planned event. Forms completed electronically must be sent with a covering e-mail; from the head of establishment and may require to be authenticated.

Once the form has been checked and any necessary follow up carried out, Adventure Scotland will respond to the Head of Establishment with their recommendations. It should be understood that Adventure Scotland's recommendations constitute *advice*. The *responsibility* for approving the proposed activity or event remains with the Head of Establishment.

Adventure Scotland may be contacted for further advice and guidance at:

Dave Horrocks

Adventure Scotland Ltd

Croft House

Croftside

Aviemore

Inverness-shire, PH22 1QJ

E-mail: [daveh@adventure-scotland.com](mailto:daveh@adventure-scotland.com)

Tel: 08702 402676

Fax: 01479 811414

## NOTIFICATION OF ADVENTUROUS ACTIVITIES

The Council requires that a copy of this form (OE/01) be completed on each occasion when notifiable activities or a programme of activities are planned. Completed forms must be signed by the Head of Establishment and submitted to the Council's Outdoor Activities Consultant at least 4 weeks prior to the activity.

Overall responsibility for the conduct of the activity or activities remains with the Head of Establishment. A set of guidance notes accompanies this form detailing those activities which are notifiable and other procedures and protocols which must be followed during the planning and delivery of such activities.

### Non-notifiable activities

Heads of establishments may wish to use this form to notify and keep the Service informed of other outdoor activities which do not fall within scope of the Council's policy on adventurous activities.

## SECTION 1. - ESTABLISHMENT AND RESPONSIBLE PERSON'S DETAILS

### Establishment Details

Address

			Post code:	
Tel:		Fax:		
e-mail:				

### Head of Establishment

(Person responsible for authorising the activity or event).

Name:

Job Designation:


### Event Organiser

(Person responsible for planning and organising the activity).

Name:

Designation


### Group Leader

(If not also the event organiser, the appointed person with responsibility for the management and supervision of the trip or activity)

Name:

Designation:


### Base Contact Person

(A staff member or other responsible adult who is not attending the event and who will be contactable throughout the event).

Name:

Designation

Address

Work	Home ( out of hours contact )		
Post Code		Post Code	
Tel		Tel	

## SECTION 2. - ABOUT THE ACTIVITY / ACTIVITIES

Brief general statement about the nature, duration and venue of the planned programme/s.

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2.2 How many participants will there be in the activity/event. (your group only)

2.3 What is the age group of the participants

2.4 What are the inclusive dates of the activity/event.

2.5 The purpose and objectives of the trip or activity

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## SECTION 3. - FOR OVERNIGHT RESIDENTIAL STAYS ONLY

Please supply details of the accommodation base

Name of establishment  
Type: (e.g. centre, hotel, hostel)  
Address

		Post Code	
Tel		Fax	

**SECTION 4. – DETAILED STATEMENT ABOUT THE ACTIVITY / ACTIVITIES**

List **ALL activities** (whether notifiable or not) and any alternative programme/s to be included in the planned itinerary.

Activity	Level of activity	Expected venue
e.g. Kayaking	up to 2 star level on sheltered water	Loch Morlich

**Alternative Programme**

Activity	Level of activity	Expected venue

**SECTION 5. - PREPARATORY TRAINING**

Indicate the level of ability, experience or training which participants must have before they are permitted to take part in the activity or activities. If no experience or training is required, tick the bottom right box.

Activity	Ability / Experience / Training (e.g. – Ability to swim. / Proficient skier / Map reading)

No experience or training is required for the activity/activities identified in 4 above

**SECTION 6. - INSTRUCTION and LEADERSHIP**

**6.1.** Will ALL of the planned activities be delivered by Council Employees?

YES	
NO	

If you have answered YES to 6.1 go directly to **Section 7.**

**6.2.** Will the delivery of ALL the planned itinerary be contracted out to an external provider(s) of adventure activities?

YES	
NO	

If YES, go to directly to **Section 9.**

**6.3.** Will PART of the planned itinerary be delivered 'in-house' as detailed in 6.2 and part contracted to an external provider(s).

YES	
NO	
N/A	

If YES, please indicate below who will be responsible for what

Activities to be instructed in-house	Activities contracted to external provider(s)

**SECTION 7. - WHERE ACTIVITIES ARE BEING PROVIDED IN-HOUSE**

List the names of employees who will be instructing or leading each activity along with their relevant qualifications. In every case the following list should include an appropriate **first aid** qualification (refer to Safety Policy Document).

Name	Activities to be instructed/led	Qualification	Last Updated

## SECTION 8. - RISK ASSESSMENT

The Council requires a written risk assessment to be submitted on each occasion where adventurous activities are undertaken by young people under the direct supervision of its employees. Generic risk assessments have been prepared for the more common adventurous activities . Copies are obtainable by returning the request slip within this pack or from [www.aberdeenshire.gov.uk/adventure](http://www.aberdeenshire.gov.uk/adventure).

Please read the appropriate sheets and note the measures that are required to minimise risk. Take a photocopy and sign it to confirm that the appropriate control measures will be put in place (keep a copy for your records). Use the **site-specific pro-forma** to record you own risk assessment for hazards that are specific to your planned activity. You need to consider chosen location, time of year, ability of group etc

8.1 Risk assessments have been reviewed and control measures noted for the activities identified in Section 6. **Signed copies of the appropriate assessment/s are appended to this form.**

YES	
NO	

8.2 If NO, please advise problem

## SECTION 9. - EXTERNAL PROVIDERS

Please supply details of External Provider(s) to be used.

Name of Provider(s)	Address	Contact Name	Telephone No

## SECTION 10. - TRANSPORTATION

### a) Council and self-drive hire minibuses:

Will any staff or volunteers driving council or hired minibuses for use in the transportation of participants hold council minibus permits and will all appropriate insurance arrangements be in place?

YES	
NO	
N/A	

## SECTION 11. - MEDICAL SERVICES

What provision has been made for access to medical services beyond first aid for participants during the activity?

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## SECTION 12. - GENERAL SUPERVISION

**12.1.** Please supply a list of all Aberdeenshire Council employees and other adult volunteers who will be accompanying participants in a supervisory capacity.

Name	Designation

**12.2.** Have ALL adult volunteers who are likely to be working alone with young people been checked by the Scottish Criminal Records Office (SCRO)?

YES	
NO	
N/A	

**12.3.** Please detail supervision arrangements for participants during times when they are not engaged in programmed activities.

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## SECTION 13. - DECLARATION

**13.1.** I confirm that this activity has my approval and I am satisfied that the necessary planning and preparation along with relevant checks have been carried out so as to help ensure a successful outcome.

Signed \_\_\_\_\_ (Head of Establishment) Date \_\_\_\_\_

Please forward this form (by post or e-mail) along with all appropriate attachments to:

Mr Dave Horrocks  
Adventure Scotland Ltd  
Croft House  
12 Croftside  
Aviemore  
Inverness-shire PH22 1QJ  
E-mail: daveh@adventure-scotland.com  
Tel: 08702 402676  
Fax: 01479 811414

**13.2.** A copy of this form was forwarded to Aberdeenshire Council, Education & Recreation on:

Signed \_\_\_\_\_ Date \_\_\_\_\_

For Adventure Scotland Ltd

## INFORMING PARENTS

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Aberdeenshire Council's safety policy requires that parents should be informed at an early date with full and explicit information about proposed outdoor activities. Employees designated as organisers of an outdoor activity must send a communication containing the information indicated below to parents in advance of the time during which the activity will take place.

### SPECIMEN INFORMATION SHEET CHECK LIST

1. Name and designation of official authorising the activity.
2. Name of organisation promoting the activity (School/Community Centre/Care Facility etc.)
3. Name of external organisation contracted to provide the activity.
4. Statement that provider has been vetted and approved by Aberdeenshire Council.
5. Names(s) and designation(s) of person(s) responsible for the planning and conduct of the activity.  
Relevant technical qualification(s) and experience of instructor(s)/leader(s).  
Name(s) and qualification(s) of any other adult accompanying the group.
6. Number in group: Males ..... Females .....
7. Age range of group.
8. The full cost, payment schedule and financial management arrangements.
9. Detailed statement on proposed activity including location, duration and demand likely to be made on participants.
10. Preparatory training undertaken/completed and level of ability which participant must possess before they are permitted to take part.
11. Details of proposed programme including:  
Transport (type, pick-up and dispersal points and timings).  
Accommodation (location, description, telephone number, security & supervision).  
Meals/food arrangements.  
Supervision.
12. How the risks involved will be managed and an acknowledgement of the existence of **residual risk**.
13. Clothing and equipment to be worn or carried. Include any items NOT to be taken or brought back.
14. Guidance on money to be taken and arrangements for safe keeping.
15. Equipment to be provided.
16. Expected standards of behaviour and ground rules.
17. Names, addresses and telephone numbers of persons designated as contacts between parents and party.
18. Procedures to be followed in an emergency by parents, leaders or contact persons.
19. Statement of insurance-cover provided for members of the group by the Council and/or School/Centre/Organisation.
20. Medical services provided or available to the party during the course of the activity.
21. Advice that the Safety in Adventurous Activities policy document is freely available for inspection at the school/centre/college.
22. Any other relevant information.

**NOTE: It is essential that the attention of parents is directed to the need for retaining all relevant information, so that, in the event of an emergency, accurate information is readily available.**

**PARENTAL CONSENT FORM**  
***Adventurous Activities***

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Name of participant \_\_\_\_\_ Age \_\_\_\_\_

I confirm that I am the Parent/Guardian with parental rights and responsibilities for the above named.

<u>Initial here</u>
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**Activity Details**

Activity at: (location) \_\_\_\_\_  
on: (dates) \_\_\_\_\_  
Provided by: (activity provider) \_\_\_\_\_  
and Led by: (group leader) \_\_\_\_\_

I confirm that I have received the activity information details accompanying this form. I understand the nature of the activity(s) to be undertaken by my Child/Ward and consider Him/Her fit to take part.

<u>Initial here</u>
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I confirm that I have read and understood the statement about insurance.

<u>Initial here</u>
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**For water-based activities only:**

I certify that my Child/Ward *\*is / is not* water confident and that he/she *\*can/cannot* swim up to 50 meters.

- Delete as appropriate.

<u>Initial here</u>
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**Emergency contact Details**

It is important that either yourself or another adult prepared to take temporary responsibility for your child/ward is contactable for the duration of the activity/event. Please give details:

Name of person to contact \_\_\_\_\_  
Address \_\_\_\_\_

Home Tel No: \_\_\_\_\_ Work Tel No: \_\_\_\_\_  
Relationship to participant \_\_\_\_\_

Name of Parent/Guardian with parental rights and responsibilities:  
(Block Capitals) \_\_\_\_\_  
Relationship to participant \_\_\_\_\_  
Address \_\_\_\_\_

Home Tel No: \_\_\_\_\_ Work Tel No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please turn over ⇨**

## Medical Information And Consent:

In the event of an emergency, it is important that the person in charge of the group has the necessary information about any medical condition which could affect the care and treatment of your child/ward. All information requested will be treated in strict confidence and will not necessarily prejudice the inclusion of your child/ward in the activity. It is in the interests of your child/ward that full and accurate information be given.

Recent surgery for ..... Date .....

Any known allergy to medicine (e.g. penicillin) .....

Is your child undergoing treatment by a doctor? (If so, please give details)

Any medical condition which a doctor should know before carrying out treatment (eg Asthma)

Please state any restrictions you wish to place on emergency medical treatment

Please give details of any special diets e.g. vegetarian/diabetic/no specific "E" numbers etc.

Any additional information including any current medication, dosages and who should administer. Any allergies or phobias.

Name of Family Doctor .....

Address: .....

Tel No: .....

I hereby consent to the submission of the above-named to emergency medical or surgical treatment including the administration where necessary, of a local, general, or other anaesthetic.

I understand that in terms of the Act of Legal Capacity (Scotland) Act 1991 my child/ward may also consent to his/her own medical treatment if the doctor attending is of the opinion that he/she understands the nature and consequences of such treatment.

<u>Initial here</u>
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## Declaration

I hereby give consent for my child/ward to take part in the above activity and confirm that my initials placed in the boxes above indicate that I fully understand the various implications of my consent.

Signature ..... Date: .....

**NB If you are unable to initial any one or more of the boxes above but still wish your child/ward to take part, please contact the party leader.**

