



Glan-Ilyn



Independent Provider Questionnaire

Name of Provider / Venue: *Gwersyll Yr Urdd Glan-Ilyn*

Address: *Gwersyll Yr Urdd Glan-Ilyn, Llanuwchllyn, Y Bala, Gwynedd LL23 7ST*

Tel: *01678 541000*

Email: glan-ilyn@urdd.org

Website: www.urdd.cymru/glan-ilyn

Name of person completing this form: *Huw Antur Edwards*

Position in organisation: *Centre Director*

1. **Does the above Provider have any official recognition or accreditation? YES**

If yes, please give details here: *AALS Licence Ref No: L13074/ R0317 (To be renewed annually. Next renewal date: 16/9/17)*

2. **Do you have written risk assessments for all of the premises/services/activities that you provide? YES**

If yes, are these risk assessments available to view if required? YES

3. **Do you have safety and conduct rules for visiting groups? YES**

If yes, how do you communicate these to the visiting group and their leader?

Pre-course information, website and induction meeting for all visiting staff and young people at the start of each course. The information includes fire safety and basic site regulations.

4. **Do all of your facilities comply with relevant statutory requirements including Health and Safety at Work Act; Regulatory Reform (Fire Safety) Order 2005; Environmental Health and transport requirements? YES**

5. **Do you provide first aid equipment at the venue/activities? YES**

Gwersyll yr Urdd Glan-Ilyn
Llanuwchllyn, Bala, Gwynedd LL23 7ST

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Cadeirydd: **Tudur Dylan Jones**
Prif Weithredwr dros dro: **Mai Parry Roberts**

Cwmni Urdd Gobaith Cymru, Rhif Cwmni: 263310,
Cwmni Cyfyngedig, Cofrestrwyd yng Nghymru,
Elusen Gofrestredig Rhif 524481



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6. **Will a trained first-aider be present while the group is visiting?** *YES. We have 30 first aiders at the site, 4 of which hold First Aid at Work certificates. A manager is on duty every evening when the centre is occupied.*
7. **Can you provide, if required, contact details for similar groups who have recently used your services?** *YES*
8. **Do you provide opportunities for preliminary visits?** *YES*
9. **Do you provide activity equipment (e.g. personal protective equipment or play equipment)?** *YES*
 - a. **Do you have a written and recorded system of safety/maintenance checks for this equipment?** *YES*
 - b. **Where national standards exist, does the activity 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?** *YES*

If yes, please state here the Limit of Indemnity - *£25 million*
11. **Do you have written emergency procedures?** *YES*
12. **For activities that take place off site do you have written late-back procedures?** *YES*
13. **Do you have accident/incident/near-miss reporting and action procedures?** *YES*
14. **Do you have a procedure for dealing with complaints?** *YES*

Residential establishments

1. **Will the group be required to share sleeping accommodation with others not from their group?** *No unless agreed with all parties beforehand*
2. **Are staff bedrooms adjacent to young person bedrooms?** *YES*
3. **Is sleeping accommodation secure from intruders?** *YES. Independent keypad entry to each accommodation block*
4. **Can the emergency services access the site easily if required?** *YES*
5. **Do you carry out a fire drill with the visiting group before their first night?** *YES*



Staffed venues or activities

Please indicate (by checking the relevant boxes) the group types that you/your designated supervisory staff have experience of working with:

Primary Schools	<input checked="" type="checkbox"/>	Secondary Schools	<input checked="" type="checkbox"/>	Youth Groups	<input checked="" type="checkbox"/>	Special Schools	<input checked="" type="checkbox"/>
Young people with challenging behaviour	<input checked="" type="checkbox"/>	Sixth form and FE college students	<input checked="" type="checkbox"/>				

1. Do you provide regular opportunities for liaison between your staff and staff of the visiting group? *YES*
2. Is there a clear definition of responsibilities between your staff and staff of the visiting group? *YES*
3. How do you inform the leader of the visiting group about aspects of the visit for which they will have responsibility? *AS ANSWER TO QUESTION 1*
4. Do any Provider staff who may have significant contact with young people undergone an enhanced CRB check? *YES*
5. Are these staff also registered with the ISA? *NO*

Adventure activities

1. Do you offer adventure activities that are licensable under the Adventure Activities Licensing Regulations (for details please refer to www.aals.org)? *YES – Kayaking including sitons, open canoeing, paddleboarding, white water rafting, sailing, raft building, rock climbing, abseiling, gorge walking, mountaineering, orienteering.*
2. Do you provide any non-licensable adventure activities? *YES –10 Pin Bowling, rowing, mountain biking, high ropes course, swimming, lake trips, problem solving, archery*
3. Are records of activity leaders' experience and competence available for inspection on site if required? *YES*

To be reviewed September 2018