## **PROVIDER STATEMENT**

Visit Leaders please note: you should NOT send this form to a provider that holds a relevant Learning Outside the Classroom Quality Badge, <u>unless</u> your employer requires confirmation of indemnity limits (Section A). Details of the badge and a list of holders can be found at <u>www.lotcqualitybadge.org.uk</u>

Visit Leaders requiring advice on the interpretation of information given by Providers on this form should contact their establishment's EVC.

## PART 1: To be completed by the Visit Leader

Name & address of Establishment (school/service)	
Email (or fax)	
Type of Visit/Activity:	
Name of	
Visit Leader	
Name of Provider	
Date(s) of visit	

## PART 2: To be completed by the Provider

Please give careful consideration to the following statements and respond with YES, NO or N/A, or give the specific information required. If you hold a valid Learning Outside the Classroom (LOtC) Quality Badge but the Visit Leader requires confirmation of your indemnity limits, only complete Section A, 1.1 and 1.2 and the Confirmation.

## **SECTION A**

#### to be completed for all types of visit

1. I	1. Insurance			
1.1	Do you hold public liability insurance, which will be current during the proposed visit, and which covers all directly provided and sub-contracted activity?	yes		
1.2	If Yes, what is its indemnity limit?	£25M		

#### SECTION B

## to be completed for all types of visit

2. <b>I</b>	2. Health, Safety and Emergency Policies			
2.1	Do you comply with relevant health and safety regulations, including the Health and Safety at Work etc. Act 1974 and associated Regulations, and have a written health and safety policy and recorded risk assessments, which are available for inspection?	yes		
2.2	Do you have accident & emergency procedures in place, with records available for inspection?	yes		
3. \	/ehicles	•		

3.1	Are all vehicles to be used roadworthy, and do they meet the requirements of regulations in	yes			
	the country in which they will be used and EU regulations on passenger seats and seat restraints?				
	Staffing	1			
4.1	Do you have a robust recruitment and engagement process to ensure that staff are suitable to work with young people, including enhanced DBS check and barred list check for any staff engaged in regulated activity?	yes			
4.2	Are there regular opportunities for liaison between your staff and establishment staff?	yes			
4.3	Is there sufficient flexibility to make radical changes to the programme if necessary, and will the reasons for any such changes be made known to establishment staff?	yes			
5.	Accommodation				
5.1	Does UK accommodation comply with current fire regulation requirements (Regulatory Reform, (Fire Safety) Order 2005)?	yes			
5.2	Have you inspected all overseas accommodation to be used to confirm that it meets legal	N/A			
	requirements of the country concerned and that it has fire safety and security arrangements				
	equivalent to those required in the UK, and are records of these inspections are available?				
5.3	Are there security arrangements in place to prevent unauthorised persons entering the accommodation?	yes			
5.4	Are separate male and female sleeping accommodation and washing facilities provided?	yes			
5.5	Is staff accommodation sufficiently close to young people's accommodation for adequate	yes			
	supervision?				
	6. Sub-contracting				
6.1	Will you sub-contract any services (e.g. activity instruction, transport, accommodation)?	Normal y No			
6.2	Where any element of provision is subcontracted, do you ensure that each sub-contractor	yes			
	meets the relevant specifications outlined in the other sections of this form, and are records				
	of checks of sub-contractors available for inspection?				

## SECTION C

## to be completed if the visit includes activities or field studies

7. Adventure Activities Licensing Authority (AALA) Licence				
t	to be completed if any activities are within the scope of the licensing regulations			
7.1	AALA Reference number	N/A		
	Date of expiry.			
7.2	Does the Licence held cover all planned activities, which are in the scope of AALA	N/A		
	licensing?			
	Activity Management			
	o be completed about all activities			
8.1	Do you have a policy for staff recruitment, training and assessment, which ensures that all	Yes		
	staff with a responsibility for participants are competent to undertake their duties?			
8.2	Do you maintain a written code of practice for activities, which is consistent with relevant	Yes		
	National Governing Body guidelines and, if abroad, the relevant regulations of the country			
	concerned?			
8.3	Do you confirm staff competence by appropriate National Governing Body qualifications for	Yes		
	the activities to be undertaken, or have staff had their competence confirmed by an			
	appropriately qualified and experienced technical adviser?			
8.4	Where there is no National Governing Body for an activity, are operating procedures, staff	Yes		
	training & assessment requirements explained in a code of practice?			
8.5	Will participants at all times have access to a person with a current first aid qualification, and	Yes		
	are staff practised & competent in accident & emergency procedures?			
8.6	Is there a clear definition of responsibilities between your staff and visiting staff about	Yes		
	supervision and welfare of participants?			
8.7	Is all equipment used in activities suited to the task, adequately maintained in accordance	Yes		
	with statutory requirements and current good practice, with records kept of maintenance			
	checks as necessary?			

## SECTION D to be completed by Tour Operators

9.	Four Operators	
9.1	If you are a Tour Operator, do you comply with the Package Holidays and Package Tours Regulations 1992 and The Foreign Package Holidays (Tour Operators and Travel Agents) Order 2001, including bonding to safeguard customers' monies? Please provide ATOL, ABTA or other bonding body names and numbers below.	N/A
Details of any bonding (ATOL, ABTA etc)		
Γ	N/A	

# SECTION E – EXPEDITIONS to be completed for overseas expeditions

10. Expeditions			
10.1	1 Do you agree to provide sufficient written information and assurances specific to the	N/A	
	expedition, as required by the establishment and its employing body?		

## SECTION F – ACCREDITATION

11. Details of any accreditations held by the Provider
Visit Wales
A (Trekking)
Ceredigion Council (Horse Licences, Environmental Health and Health and Safety)
STA (first aid and lifesaving)
Ski Wales (Skiing and Snow Boarding)
ERCA (Climbing Centre and Tower Activity)
EASY (Quad Bikes)

## CONFIRMATION

I confirm that the details given above are correct, and that our organisation will give prior notification of any significant changes that might adversely affect the safety and wellbeing of user groups.

Signed:	<u>lestyn Rhys</u>	Evans		_	
Date:	24.04.23			_	
Name:		lestyn Rhys Evans		_	
Position in c	Position in organisation: Customer Manager				
Name of Pr	ovider:	Urdd Gobaith Cymru			
Address of Provider:		Gwersyll llangrannog, Lland	ysul, Ceredigion, SA4	44 6AE	
Tel: <u>01239 (</u>	652140	Fax:	Email: <u>lestyn@urdd.c</u>	org	
Website: www.urdd.cymru					

Thank you for completing this form. Please return it to the Visit Leader at the establishment named above.