## A picture containing text, clipart Description automatically generated[C:\Users\Steve\OneDrive\Documents\OEAP\National Guidance\NG pictures\NG merged 2.jpg](http://oeapng.info)

## PROVIDER STATEMENT

**Notes for the Visit Leader**

* You should complete Part 1 and then send the form to the provider for completion.
* You should not send this form to a provider that holds a valid Learning Outside the Classroom Quality Badge, unless you require confirmation of the questions in Section A. Details of the badge and its holders can be found at [lotcqualitybadge.org.uk](http://lotcqualitybadge.org.uk).
* If you need advice on the interpretation of information given by the provider on this form, you should contact your establishment’s Educational Visits Coordinator (EVC).

**Notes for the Provider**

* Thank you for completing this form. It is designed to help the Visit Leader confirm that you meet required standards.
* Please complete Part 2 and return it to the Visit Leader at the establishment named below.
* You can find out about the guidance that establishments and Visit Leaders should follow at [oeapng.info](http://oeapng.info/) – see especially document [4.4h “Using External Providers and Facilities”](https://oeapng.info/downloads/download-info/4-4h-preliminary-visits-and-provider-assurances/).

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

|  |  |
| --- | --- |
| Name & address of establishment (school/service) |  |
| Email |  |
| Name of  Visit Leader |  |
| Name of provider |  |
| Proposed date(s) of visit |  |

**PART 2: To be completed by the provider**

Please consider the following questions and respond with YES, NO or N/A, or give the specific information required. If you wish to provide additional information, please add \* to your response, and give the information in the space provided at the foot of the form.

If you hold a valid Learning Outside the Classroom (LOtC) Quality Badge, you need complete only Section A and the Confirmation.

|  |  |  |
| --- | --- | --- |
| **SECTION A**  **To be completed for all types of visit** | | |
| 1. **Learning Outside the Classroom Quality Badge** | | |
|  | Do you hold a valid Learning Outside the Classroom Quality Badge? | No |
| 1. **Data Protection** | | |
|  | Do you comply with the Data Protection Act 2018 and GDPR? | Yes |
|  | Do you have a privacy policy that explains how any personal data the establishment shares with you will be shared, used, stored, secured and eventually deleted or returned? | Yes |
|  | Do you undertake to ensure that no images of participants are taken or used for marketing purposes, or published in any way, without the specific written consent of the establishment and of the participants (or their parents if the participants are under 18)? | Yes |
| 1. **Waivers / Disclaimers** | | |
|  | Do you guarantee that the establishment, the participants or their parents will not be required to agree any waiver or disclaimer which seeks to limit your liability for death or personal injury resulting from your negligence? | Yes |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION B**  **To be completed for all types of visit** | | | |
| 1. **Insurance** | | | |
|  | 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 | |
|  | If Yes, what is its indemnity limit? | £25M | |
| 1. **Health, Safety and Emergency Policies** | | | |
|  | 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 | |
|  | Do you have procedures for accidents & emergencies, and for reporting incidents and accidents? | Yes | |
| 1. **Vehicles** | | | |
|  | Are all vehicles to be used roadworthy, and do they meet the requirements of regulations in the country in which they will be used and regulations on passenger seats and seat restraints? | | Yes |
| 1. **Staffing** | | | |
|  | 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 |
|  | Are there regular opportunities for liaison between your staff and establishment staff? | | Yes |
|  | 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 |

|  |  |  |
| --- | --- | --- |
| 1. **Accommodation** | | |
|  | Does UK accommodation comply with current fire regulation requirements (Regulatory Reform, (Fire Safety) Order 2005)? | Yes |
|  | Have you inspected all overseas accommodation to be used to confirm that it meets legal 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 available? | Yes |
|  | Are there security arrangements in place to prevent unauthorised persons entering the accommodation? | Yes |
|  | Are separate male and female sleeping accommodation and washing facilities provided? | Yes |
|  | Is staff accommodation sufficiently close to young people’s accommodation for adequate supervision? | Yes |
| 1. **Sub-contracting** | | |
|  | Will you sub-contract any services (e.g. activity instruction, transport, accommodation)? | Yes |
|  | Where any element of provision is subcontracted, do you ensure that each sub-contractor meets the relevant specifications outlined in the other sections of this form, and are records of checks of sub-contractors available for inspection? | Yes |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION C**  **To be completed if the visit includes activities or field studies** | | | |
| 1. **Activity Management**   to be completed about all activities | | | |
|  | Do you have a policy for staff recruitment, training and assessment, which ensures that all staff with a responsibility for participants are competent to undertake their duties? | |  |
|  | Do you maintain a written code of practice for activities, which is consistent with any relevant National Governing Body (NGB) (or equivalent organisation) guidelines and, if overseas, the relevant regulations of the country concerned? | |  |
|  | Do you confirm staff competence by appropriate AALA-recognised qualifications for any adventure activities to be undertaken, or have staff had their competence confirmed by an appropriately qualified and experienced technical adviser? | |  |
|  | Where there is no NGB or equivalent organisation for an activity, are operating procedures, staff training & assessment requirements explained in a code of practice? | |  |
|  | Will participants at all times have access to a person with a current first aid qualification, and are staff practised & competent in accident & emergency procedures? | |  |
|  | Do you make clear your expectations of how responsibilities for the supervision and welfare of participants are shared between your staff and visiting staff? | |  |
|  | Is all equipment used in activities suited to the task, adequately maintained in accordance with statutory requirements and current good practice, with records kept of maintenance checks as necessary? | |  |
| 1. **Adventure Activities Licensing Authority (AALA) Licence**   to be completed if any activities are within the scope of the licensing regulations | | | |
|  | AALA Reference number  Date of expiry |  | |
|  | Does the Licence held cover all planned activities, which are in the scope of AALA licensing? | |  |

|  |  |  |
| --- | --- | --- |
| **SECTION D**  **To be completed by Tour Operators** | | |
| 1. **Tour Operators** | | |
|  | Do you comply with the Package Holidays and Package Tours Regulations 1992, the Foreign Package Holidays (Tour Operators and Travel Agents) Order 2001 and the Package Travel and Linked Travel Arrangements Regulations 2018 including bonding to safeguard customers’ monies? |  |
|  | Details of bonding (ATOL, ABTA, etc.) | |

|  |  |  |
| --- | --- | --- |
| **SECTION E**  **To be completed if the visit includes an overseas expedition as defined at** [**oeapng.info/downloads/download-info/7q-overseas-expeditions**](https://oeapng.info/downloads/download-info/7q-overseas-expeditions) | | |
| 1. **Overseas Expeditions** | | |
|  | Do you comply with British Standard BS8848:2014? |  |

|  |
| --- |
| **SECTION F – ACCREDITATION** |
| 1. **Details of any accreditations held by the Provider** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PROVIDER CONFIRMATION** | | | | | |
| I confirm that the details given above are correct, and that our organisation will give prior notification of any significant changes that might affect the safety and wellbeing of user groups. | | | | | |
| Signed | G J Williams | | | Date | 20/08/2025 |
| Name | Geraint John Williams | | | Position | Deputy Director |
| Name of Provider | Urdd Gobaith Cymru | | | | |
| Address of Provider | Gwersyll yr Urdd Caerdydd, Canolfan y Mileniwm, Bae Caerdydd, CF10 5AL | | | | |
| Telephone | 02920 635 674 | Website | urdd.cymru | | |
| Email | geraintjohn@urdd.org | | | | |
| **Additional information** | | | | | |
|  | | | | | |