

**Form 5****Independent provider questionnaire**

This questionnaire can be used by the visit leader as a basic check of a **provider** or **venue**. Visit leaders should ask the provider/venue to complete this form, or provide the same information in another format (e.g. a download from the provider/venue website), **before** making a booking.

**Notes for independent providers and venues:**

You may have your own documentation that covers the same information in a different format e.g. as a download from your website. This is acceptable as an alternative to this form.

If you do not supply this information in an alternative way then please complete all relevant sections of this form by answering **yes**, **no** or not applicable (**n/a**) after each question. If you wish to provide further information then please continue on separate sheet(s) and attach to this form. An electronic signature is acceptable on this form to allow you to email the completed form.

Name of Provider / venue Plas Menai National Watersports Centre

Address Caernarfon, Gwynedd, LL551UE

Tel. 01248670964 Email info@plasmenai.co.uk Website www.plasmenai.co.uk

Name of person completing this form Alan Williams Signed *Alan Williams*

Position in organisation Centre Manager/Principal Date 12/10/2011

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

If **yes**, please give details here: RYA,BCU,AALA,Quest Highly commended, Investors in people, Visit Wales

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

**Important note: please do not send copies of your risk assessments.**

Are there any actions arising from your risk assessment that the visit leader and their group need to be aware of/follow? yes

If yes, how do you inform them of this?

Verbally through briefings and direct supervision

3. Do all of your facilities comply with relevant statutory requirements? Yes

4. Do you provide first aid equipment at the venue/activities? Yes

Will a trained first-aider be present while the group is visiting? Yes

5. Can you provide, if required, contact details for similar groups who have recently used your services? Yes

6. Do you provide opportunities for preliminary visits? Yes

7.

Do you provide activity equipment (e.g. personal protective equipment or play equipment)? Yes

Do you have a written and recorded system of safety/maintenance checks for this equipment? Yes

Where national standards exist, does the activity equipment conform to those standards? Yes

8. Do you hold a public liability insurance policy which will be current at the date of the proposed visit and covering both directly provided and sub-contracted activity (where this occurs)?

If **yes**, please state here the Limit of Indemnity £We have government indemnity 9.

Do you have written emergency procedures? Yes

For activities that take place off site do you have written late-back procedures? Yes

Do you have accident/incident/near-miss reporting and action procedures? Yes

10. Do you have a procedure for dealing with complaints? Yes

11. Residential establishments only

Will the group be required to share sleeping accommodation with others not from their group? No

Are staff bedrooms adjacent to young person bedrooms? Yes

Is sleeping accommodation secure from intruders? Yes

Can the emergency services access the site easily if required? Yes

Do you carry out a fire drill with the visiting group before their first night? no

12. Provider-led activities only

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"/>				

Do you provide regular opportunities for liaison between your staff and staff of the visiting group? yes

Is there a clear definition of responsibilities between your staff and staff of the visiting group? yes

How do you inform the leader of the visiting group about aspects of the visit for which they will have responsibility? Briefing and briefing sheet

Have any Provider staff who may have significant contact with young people undergone an enhanced CRB check? yes

Are these staff also registered with the ISA? no-

13. Adventure activity providers only

Do you offer adventure activities that are licensable under the Adventure Activities Licensing Regulations (for details please refer to [www.aals.org](http://www.aals.org))? yes

If **yes**, please list here (or list on separate sheet and attach to this form)

Do you provide any non-licensable adventure activities yes

If **yes**, please list here (or list on separate sheet and attach to this form)

Powerboating- RYA accredited

Are records of activity leaders' experience and competence available for inspection on site if required? yes

14. Please supply any additional information that you think may be helpful to the visit leader or the Local Authority.