

**PAF: Provider Assurance**

**Form (**Version 1.1 2016)

**When an establishment is considering using a provider or tour operator for an educational visit, Doncaster MBC LA policy requires that assurances are sought from external providers that suitable and sufficient safety management systems are in place. Careful consideration is to be given to the statements below. On this e-form select the relevant checkbox below (either ‘Yes’, ‘No’ or ‘N/A’) to show your response and enter text where applicable. Section A is to be completed for all visits. Section B (adventurous type activities), Section C (tour operators) and Section D (expeditions) are to be completed as applicable. Please email this form to the group leader named below. Thank you for completing this form.**

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| Name of Provider: |
| Name of Establishment Sending Form: |

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| **SECTION A – ALL VISITS** |  |  |  |
| **Health, Safety and Emergency Policy**   1. Do you comply with relevant health and safety regulations, including the Health and Safety at Work Act (1974) and associated regulations and have a health and safety policy, and recorded risk assessments which are available, if requested, for inspection? | Yes | No | N/A |
| 1. There are clear accident and emergency procedures and records that are available, if requested, for inspection. | Yes | No | N/A |
| **Vehicles**   1. All vehicles utilised by the provider are maintained in a roadworthy condition, they meet the requirements of the regulations in the country in which they are being used, and EU regulations on passenger seats and seat restraints. | Yes | No | N/A |
| **Staffing**   1. All relevant and reasonable steps been taken to check staff who have access to young people for relevant criminal history along with checking their suitability for work with young people. | Yes | No | N/A |
| 1. The provider will ensure that adequate and regular liaison is maintained with the group leader and there is sufficient flexibility in activity programming to amend activity delivery as required to take account of changes in circumstances (these changes being made known to visiting establishment staff). | Yes | No | N/A |
| **Insurance**   1. The provider has public liability insurance for at least £5 million, with a clause giving “indemnity to principal”. | Yes | No | N/A |
| **Accommodation**   1. UK accommodation complies with current fire regulation requirements of the Regulatory Reform, (Fire Safety) Order 2005. | Yes | No | N/A |
| 1. All overseas accommodation to be used meets the legal requirements of the country concerned, it has fire safety and security arrangements equivalent to those required in the UK and records of these inspections are available. | Yes | No | N/A |
| 1. Separate male and female sleeping accommodation and washing facilities are provided and staff accommodation is close to the accommodation for the young people. | Yes | No | N/A |
| 1. There are appropriate security arrangements and safeguarding measures to prevent unauthorised access to the accommodation. | Yes | No | N/A |
| **Sub-contracting**   1. Where any element of provision is sub-contracted, assurances have been sought that each sub-contractor meets the relevant specifications outlined in the other sections of this form, and that these providers operate to standards which meet the relevant regulations which apply to the country of operation. Records of checks of sub-contractors are available for inspection. | Yes | No | N/A |

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| **SECTION B – ADVENTUROUS ACTIVITIES IN OUTDOOR ENVIRONMENTS** |  |  |  |
| 12. An Adventure Activities Licensing Authority (AALA) license is held.  AALA reference No  For AALA licensable activities in the UK, the specifications in this section are checked as part of an AALA inspection. However, providers registered with AALA are asked to consider these specifications with respect to any activities or aspects of their provision that is not covered by the license. | Yes | No | N/A |
| 1. The provider operates a policy for staff recruitment, training and assessment which ensures that all staff with a responsibility for participants are competent to undertake their duties. | Yes | No | N/A |
| 1. The provider maintains a written code of practice for activities which is consistent with relevant National Governing Body guidelines and/or if abroad, the relevant regulations of the country concerned. | Yes | No | N/A |
| 1. Staff competences are confirmed by appropriate National Governing Body Qualifications for the activities being undertaken, or have had their competencies confirmed by an appropriately experienced and qualified technical adviser. | Yes | No | N/A |
| 1. Where there is no National Governing Body for an activity, operating procedures and staff training and assessment requirements are explained in the provider’s code of practice. | Yes | No | N/A |
| 1. Participants will at all times have access to a person with a current first aid qualification. Staff are competent and practiced in accident and emergency procedures. | Yes | No | N/A |
| 1. There is a clear definition of responsibilities between providers and visiting staff regarding the supervision and welfare of participants. | Yes | No | N/A |
| 1. All equipment used in activities is suitable for the task, adequately maintained in accordance with statutory requirements and current best practice, with relevant records being kept. | Yes | No | N/A |
| **SECTION C – TOUR OPERATORS** |  |  |  |
| 1. The tour operator complies with the Package Holidays and Package Tour Regulations 1992 and The Foreign Package Holidays (Tour Operators and Travel Agents) Order 2001, including   bonding to safeguard clients’ monies. | Yes | No | N/A |
| 1. ATOL, ABTA or other body name and numbers: |  |  |  |
| **SECTION D - EXPEDITIONS** |  |  |  |
| 1. The provider agrees to provide additional written assurances which are specific to the expedition being proposed, as required by the establishment and its employer. | Yes | No | N/A |

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| If any of the above specificiations cannot be met or are marked not applicable, please give details below: | |
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| Details of any other accreditation with National Governing Bodies, other organisations etc.: | |
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| Full Name/Signed: | Position: |
| Address of provider or tour operator: | |
|  | |
| Date: | |
| Tel: | Email: |