



## Independent provider questionnaire

This questionnaire will be used by the visit leader as a basic check of a **provider** or **venue**. Visit leaders will ask the provider/venue to complete this form, or provide the same information in another format, **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 ST MADOC CHRISTIAN YOUTH CAMP  
Address LLANMADOC SWANSEA SA3 1DE Llanmadoc  
Tel. 01792 386291 Email info@stmadoc.co.uk Website www.stmadoc.co.uk  
Name of person completing this form AUSON HOLLAND Signed   
Position in organization MANAGER Date 31/3/10

1. Does the above Provider have any official recognition or accreditation?  
If **yes**, please give details here: staff training & qualifications includes -  
WAG Play Course; B.Ed; ESDQC
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.**

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? VERBALLY  
ALSO, IN LEADERS PACK ON ARRIVAL
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? ON REQUEST  
Will a trained first-aider be present while the group is visiting? YES, BUT ON REQUEST  
(GROUPS SHOULD MAKE OWN PROVISION) ONLY
6. Can you provide, if required, contact details for similar groups who have recently used your services? YES
7. Do you provide opportunities for preliminary visits? YES
8. 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? \*  
Where national standards exist, does the activity equipment conform to those standards? N/A

\* Items include bats, balls, play ropes, tyres, planks. Risk assessments indicate these are to be checked before use, & items discarded as necessary. No written records of checks kept at present.

9. 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? If **yes**, please state here the Limit of Indemnity. **YES; £**

10. Do you have written emergency procedures? **YES**  
For activities that take place off site do you have written late-back procedures? **N/A**  
Do you have accident/incident/near-miss reporting and action procedures? **YES**

11. Do you have a procedure for dealing with complaints? **YES**

12. Residential establishments only

Will the group be required to share sleeping accommodation with others not from their group? **YES/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? **YES**

**\*There may be 2 groups on site, but dorms will be allocated to each group separately.**

13. Staffed venues or 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

Secondary schools

Youth Groups

Special schools

Young people with challenging behaviour

Sixth form and FE college students

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? **VERBALLY**

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 (not required yet)**

14. Adventure activities 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))? **NO**

If **yes**, please list on separate sheet and attach to this form.

Do you provide any non-licensable adventure activities? **NO**

If **yes**, please list on separate sheet and attach to this form.

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

15. Please supply any additional information that you think may be helpful to the visit leader.