

This form may be used when arranging accommodation for groups during excursions. Ideally it should be processed via Fax or mail but, because of time-constraints, this might be difficult. The questions can be put 'over the phone' to the provider but Excursion Leaders **MUST** clearly sign and date the form in their **OWN** name so that it is apparent to the Head or Service Approver.

The Excursion Leader/Organiser fills this part
Visiting Group: _____
Accommodation name: _____
Visit Leader's name: _____
Contact Address: _____
Contact telephone number in Orkney: _____ Leader's Mobile No. _____
Fax No. _____ Email _____
Date(s) and time(s) of visit: From _____ To _____
Group Numbers: _____
Female: _____ Age range: _____ Male: _____ Age range: _____
Female staff members : _____ Male staff members: _____
Additional requests: _____

To the Accommodation Manager

Listed below, and for your convenience, are features ideally required by visiting groups. Where you cannot comply or are not entirely certain, you must state so on the declaration overleaf.

Group leaders should ensure that -

1. The premises are covered by a current Fire Certificate and/or has been subject to a Fire Risk Assessment under the Fire Precautions (Workplace) Regulations or meets local fire regulations.
2. The immediate accommodation is exclusively for the group's use.
3. Leaders (of both genders where appropriate) have sleeping accommodation on the same floor immediately adjacent to the group's accommodation.
4. The premises have adequate facilities to cater for those with disabilities.
5. Where 24 hour staffing of reception is absent, external doors must be made secure against intrusion and windows closed as necessary to prevent intrusion.
6. Where possible, internal doors are lockable but staff must have reasonable access to the group accommodation at all times.
7. Where group's doors are locked, teachers have immediate access, as necessary, to a master key.
8. The emergency procedures/escape routes are clearly marked and are easy to follow in the event of a fire or other emergency.
9. Where windows and doors are locked against intrusion at night, alternative escape is available.
10. All fire doors function properly.
11. When food is provided, it is prepared and served by qualified persons, each with at least the relevant Elementary Food Hygiene Certificate.
12. There is appropriate and safe heating and ventilation.
13. There are drying facilities.
14. Any balconies are stable, windows secure, and electrical connections completely safe.
15. There is adequate space for storing clothes, luggage etc, and for the safe keeping of valuables.

The provider is requested to enter **Y(es)** or **N(no)** in the box.
ChK is for Head or Excursion Leader

Accommodation		Y/N	ChK
1	The accommodation is ENTIRELY suitable for the proposed gender/age mix If NO, then please enclose a statement.		
2	Accommodation for accompanying staff is separate		
3	The premises are licensed (as suitable accommodation) by the Local Authority		
4	The premises and management are covered by adequate public liability insurance		
5	'Out of hours' supervision and emergency cover is catered for If YES, state how –		
6	Food storage, preparation and catering facilities are subject to Local Environmental Health Regulations		
7	Where food is provided, Elementary Food Hygiene Certificates are held by those preparing or serving.		
8	Security arrangements are in place to prevent unauthorised persons entering the accommodation areas		
9	The premises have adequate facilities for those with disabilities? <i>Please give some details, particularly where there might be shortfalls:</i>		

Declaration

This box is to be completed by the accommodation Manager or representative, then returned to the visit organiser at the contact address shown on page 1.

NAME AND ADDRESS OF ACCOMMODATION _____

Telephone Numbers: _____ Fax _____ Email _____

Manager or Representative's name: _____

I comply with all 15 ideal requirements on the previous page, **except** _____

I have answered all 9 questions above **Yes**

The following facilities are **not** available –

The following **additional facilities** are available

Signed _____ Date _____
(Please attach any additional information which may be useful)

Checked by Excursion Leader Sign and date
