

## P4) AALS / Adv RMS Licensed Activity Provider Guidance

This 3-sided form may be used when planning to use an AALS / Adv RMS LICENSED Activity Provider. Below is a list of Licensable activities. The Provider must have all activities that are being offered to you, clearly identified on their License Certificate.

| CLIMBING           | WATERSPORTS         | TREKKING         | CAVING           |
|--------------------|---------------------|------------------|------------------|
| Rock Climbing      | Canoeing            | Hill Walking     | Caving           |
| Abseiling          | Kayaking            | Mountaineering   | Pot Holing       |
| Ice Climbing       | Stand-Up-Paddling   | Fell Running     | Mine Exploration |
| Gorge Walking      | Dragon Boating      | Orienteering     |                  |
| Ghyll Scrambling   | Wave Skiing         | Pony Trekking    |                  |
| Sea Level Traverse | White Water Rafting | Off Road Cycling |                  |
|                    | Improvised Rafting  | Off Piste Skiing |                  |
|                    | Sailing             |                  |                  |
|                    | Sail Boarding       |                  |                  |
|                    | Windsurfing         |                  |                  |
|                    | Coasteering         |                  |                  |

It is important to understand that there are many potentially hazardous activities NOT covered by the AALS / Adv RMS regulations.

For example, adventure courses, forest wayfaring (navigation), night compass-courses, archery, paint-balling, indoor climbing, piste or dry-slope skiing, road cycling and swimming.

Providers offering activities not covered by AALS / Adv RMS regulations MUST have written operating and safety procedures and show that lead-instructors are trained to the appropriate Governing Body levels or have relevant qualifications and experience.

Most sports-team games, for example athletics, gymnastics, swimming events, outdoor demonstrations may require the **P5 Unlicensed Activity Provider Guidance** to be used.

Generally, any provider inspected under AALS / Adv RMS regulations will have a sound attitude to all aspects of customer care and safety management and are not likely to resist displaying their license.

Pay more attention to Providers offering Unlicensed activities and any information returned without attention to detail, or lacking quality support material, should be viewed with suspicion – this should trigger even closer scrutiny, particularly if you know little or nothing about the provider, the activities or the Centre.

Valuable points within the Adventure Activity Licensing Service (AALS) Regulations include the licence-holder having to maintain suitable and sufficient arrangements in relation to:

- The appointment of a suitable number of competent and adequately qualified instructors.
- The giving of safety information to instructors and participants.
- The provision of suitable and safe equipment as is needed to ensure that the activities are carried out safely.
- The maintenance of all equipment in an efficient state and in good repair.
- The provision of first-aid, for the summoning of medical and rescue services in the event of an accident and dealing with any emergency.

1. Are the Health and Safety Policies, Risk Benefit Assessments and Operating Procedures, available for inspection (either before or on the day of activity) and are they up to date?
2. Does the Provider have public liability insurance (to at least £5 million)?
3. Where appropriate does the provider comply with Package Travel Regulations, ATOL certification or include bonding to safeguard customers money.
4. Can the Provider give references or proof of their AALS / Adv RMS License number and activities which they are legally licensed to provide?
5. Are there suitable and qualified first aiders available during all activities?
6. Are all staff / instructors suitably trained and qualified to offer the activities you are requesting and is there a copy of their qualifications available on arrival?
7. Are all staff (who have access to children) PVG / Disclosure Scotland checked?
8. Is there a suitable procedure for staff training, competency and monitoring for any activities which do not have a National Governing Body instructor / coaching qualification requirement?
9. If a contractor or third party is used to carry out certain work (freelance instructors, drivers, caterers etc), is there a full and thorough safety vetting procedure?
10. Where third party or sub-contractor's premises, facilities or equipment are used, is there a full and thorough safety-vetting procedure?
11. Are all instructional staff trained /inducted to deal with emergencies?
12. Is all PPE and safety equipment being used safe, suitable and size appropriate for your group and is it checked, safety tested and recorded?
13. Are all vehicles and trailers used road worthy and suitable for group travel?
14. Are all drivers tested to the required legal standards for the vehicle they plan to use?
15. If providing accommodation and catering for the group, does the Provider have suitable facilities and safe provision to do so? (Use **P2 and P3 PROVIDER GUIDANCE** for relevant questions).

**Additional information should always be recorded of this form especially where the AALS / Adv RMS Licensed Activity Provider does not / cannot comply or are not entirely certain.**

If you have any further queries or questions about the Provider, assistance can be sought from the OIC Outdoor Education Advisor.

## AALS / Adv RMS Licensed Activity Provider Details

Activities / Services offered by Provider:

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|--------------------------------|--|
| AALS / Adv RMS License Number: |  |
|--------------------------------|--|

Name and Address of Licensed Activity Provider:

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|         |  |            |  |
|---------|--|------------|--|
| Tel No: |  | Mobile No: |  |
|---------|--|------------|--|

|        |  |
|--------|--|
| Email: |  |
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|--------------------------------|--|
| Activity Provider / Lead Name: |  |
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All questions within this Guidance can be answered satisfactorily:

Yes

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No

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If NO, please give details:

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Additional information about the Provider:

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**Please attach any additional information which may include a brochure**

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|------------------------|--|-------|--|
| Signed (Group Leader): |  | Date: |  |
|------------------------|--|-------|--|