

Provider Registration Form



Please fill in your details below if you would like to list your activity under the Natural Choices. By completing the form you are agreeing to the criteria and responsibilities on the form and agreeing to have your activity details to be on the Natural Choices web page and passed to LiveWell Dorset team (the referral organisation for Dorset) who will sign-post people to your activity.

Please fill in and return to [info@dorsetlnp.org.uk](mailto:info@dorsetlnp.org.uk)

Or by post; Dorset Local Nature Partnership, Brooklands Farm, Forston, Dorset, DT2 7AA

**Provider Details**

Internal Use Only - Provider No:

|  |  |
| --- | --- |
| **Business/organisation name (if applicable)** |  |
| **Contact name** |  |
| **Position** |  |
| **Address** |  |
| **Postcode** |  |
| **Email** |  |
| **Tel No.** |  |
| **Mobile No.** |  |
| **Website** |  |
| **Twitter** | @ |
| **Facebook** | www.facebook.com/ |

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| **Please give a short description of your business/organisation**  This will provide us with some background information to your organisation e.g. |
|  |

**Provider Statement**

This statement, signed by the activity provider is intended to demonstrate the commitment the provider to provide a safe and accessible scheme that will benefit people whose health & wellbeing stands to be improved by being more active in the Natural Environment.

**Please answer each question with Yes, No or N/A or give the specific information required.**

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| **Insurance** | |
| Do you hold current public liability insurance that covers your activity? |  |
| If Yes what is the indemnity limit? | £ |
| **Health, Safety and Emergency Policies** | |
| Do you comply with relevant health and safety regulations, including the Health and Safety at Work etc Act 1974 and associated Regulations?  Have you got a written health and safety policy and/or a risk assessment for each activity |  |
| Do you have accident and emergency procedures in place? |  |
| **Vehicles** | |
| You agree that any vehicle used for the activity are roadworthy, meet statutory requirements and are properly maintained. All drivers hold a valid licence. |  |
| **Safeguarding** | |
| Do you have a robust recruitment, induction and training process to ensure that staff are suitable and competent to deliver these activities |  |
| A DBS check is undertaken for any staff engaged in regulated activity |  |
| Staff/volunteers leading activities have received basic awareness training in mental health issues. |  |
| **Activity Management** | |
| For activities which do not fall within the scope of the licensing regulations do you confirm staff competence through use of National Governing Body qualifications |  |
| Please give details of any relevant qualifications held by leaders for the proposed activities | |
| Will participants have access to a person with an appropriate First Aid qualification? |  |
| I agree that all equipment used in activities is suited to the task, adequately maintained in accordance with any statutory requirements and current good practice, with records kept of maintenance checks as necessary? |  |
| Adventure Activities Licensing Authority (AALA) License (if appropriate)  To be completed if activities fall within the scope of the licensing regulations | |
| Do you hold an AALA license? |  |
| If so please state ref no. and expiry date |  |

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| **6. Declaration:** | I confirm that the details given are correct, that we meet the Natural Choices criteria and that our organisation will give prior notification of any changes that affect the safety and wellbeing of attendees. |
| Organisation |  |
| Name |  |
| Signature |  |
| Date |  |

You will also need to complete a separate **Activity Registration Form** for each activity you want to register under Natural Choices.

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| Internal use only | |
| Form processed |  |