**NRW / BBNPA Mellte Gorge Walking and/or Canyoning Provider Reporting**

**Proforma for non-AALA Activity Providers**

As per the requirements of the Mellte Gorge Code of Conduct, all Outdoor Activity Providers who are not holders of an AALA license must select or provide details of a suitable Technical Advisor who has witnessed the organisation / provider in evidencing satisfactory policies and procedures and in the safe delivery of Canyoning and/or Gorge Walking activity at the site.

Please ask your chosen technical advisor to complete the following reporting proforma and return the signed copy to the SWOAPG Coordinator who will collate the information on behalf of NRW / BBNPA.

For contact details please visit: www.swoapg.com/technical-advisers or email: coordinator@swoapg.com

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| --- | --- | --- | --- |
|  | Name of Provider / Organisation  |   |  |
| Contact name for the named Provider / Organisation  |   |
| **No. Item**  | **Technical Advisor – Evidence (Initial when satisfactory evidence is provided / observed)**  |
| **1**  | **Staffing**  |   |
| **1.1**  | Competencies of ALL staff delivering activities – to include: NGB qualifications, NGB current membership card, First Aid, Record of ‘site induction’ and training etc.  |   |
| **1.2**  | Observation of instructor delivered session evidencing safe working practice and compliance with policy, procedures and operational remits |   |
| **2**  | **Policies & Procedures**  |
| **2.1**  | Operational Procedures - demonstrating their currency & review process.  |   |
| **2.2**  | Risk Assessment – Generic and/or Site Specific - demonstrating their currency & review process.  |   |
| **2.3**  | Emergency Action Plan - demonstrating its currency & review process.  |   |
| **3**  | **Equipment**  |
| **3.1**  | Evidence that all equipment to be used is ‘fit for purpose’, including sample ‘floatation tests’ on buoyancy aids, suitability of provided equipment and leader / safety equipment.  |   |
| **4**  | **Insurance**  |
| **4.1**  | Evidence of Public Liability Insurance Policy.  |   |
| **4.2**  | Evidence of Employers Liability Insurance Policy  |   |
| **5**  | **Technical Advisors Report**  |
| **5.1**  | Please complete a brief report summarizing any observations, action points or outcomes (if any) in relation to the provider/organisation, the observed policies and procedures and delivery of gorge walking and/or canyoning. Please use a separate page to complete the report and number your pages. Please clearly state the name of the organisation on each of the pages used.  |  |
|  | I confirm that I have observed and obtained evidence of all of the item points 1-5 and can verify that I have observed the delivery of a safe gorge walking and/or canyoning session at the Mellte Gorge in compliance with the providers / organisation’s risk assessment, policy and procedure.  |  |
| Name of Technical Advisor  |   | Date of Observation  |   |
| Signature  |   |
| Relevant qualification(s):  |   |