

FIRM SELECTION FOR TOUR OPERATORS AND CENTRES

Name of Visit:	
Date:	
Name of Teacher in charge:	
Signature:	Date:

Firm name:
Address:
Date of assessment:
Name of contact person within organisation:

Item	Satisfactory		Reg No or Other details	Action Required		Follow Up action		Comments
	Yes	No		Immediate	Follow-up	Carried Out By	Date Completed	
ABTA approved								
EC bonded								
Brochure details								
Recommendation by other schools								
Pre-visit visit								
Confirmation that all staff have the minimum appropriate qualifications for activities they will lead								
Equipment								
Accommodation								
Willing to visit school								
For adventurous activities LOTC Quality Badge and/or AALA Licence								
Meeting with senior rep of organisation by Head or Deputy Head								