

Title of Visit | **Type title here (double-click to open header)**

| | |
|---------------------------------------|----------|
| Firm name: | Address: |
| Contact name within the organisation: | |
| Telephone number: | |
| Date of Assessment: | |

| Item | Satisfactory | | Registration number or other details | Comments |
|---|--------------|----|---|----------|
| | Yes | No | | |
| 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 | | | | |
| Meeting with senior representation of organisation by Head or Deputy Head | | | | |