

Learning Outside the Classroom Resource Provider Award Code of Practice declaration form

On behalf of

.....
(insert organisation name)

I have completed the self-assessment for the LOtC Resource Provider Award and declare that to the best of my knowledge, the information provided is accurate and complete.

I am aware that the LOtC Resource Provider Award can be withdrawn at any time should any information provided in my self-assessment be found to be inaccurate or untrue.

I confirm that I have read and understood the LOtC Resource Provider Award guidance notes, and I have used them to inform my responses in completing the Self Evaluation Form.

I declare that, as detailed for quality indicator 6 in the Self Evaluation Form, I abide by all of the health and safety and any other statutory requirements applicable to my organisation and product. I also hold current and appropriate insurance and confirm that I will do so for the entire validity period of my LOtC Resource Provider Award.

I undertake:

- To observe the requirements of the LOtC Resource Provider Award Code of Practice and its appeals procedure;
- To inform CLOtC immediately should there be a significant change in the products and services I offer and to meet the costs of any extra assessment these changes might require;
- To provide samples of our products, and allow access to our site(s) and to our records, to any Council for Learning Outside the Classroom representatives to verify observance of the LOtC Resource Provider Award Code of Practice;
- To commit to continuous improvement and development to provide products and services that facilitate good quality learning outside the classroom, in order to benefit children and young people; and
- To cease to use or display the LOtC Resource Provider Award (and any associated logo or certificate) in the event of the accreditation being withdrawn.

Name & position.....

Date.....

Signed:

Please scan the signed form and return it to:

qualitybadge@lotc.org.uk