

BASI Approved Ski School QA Programme

Application Form (Appendix 2)

Full Name of Skis School	
Operating Address	
Postcode	
Telephone Number	
Main Contact Name	
Position	
Email	
Telephone Number	
Name of person responsible for Snowsport Activities	
Position	
Email	
Name of Staff Member to Accompany Assessor on Inspection Visit	
Position Held	
Preferred Inspection Date (s) <small>*Note this needs to be during your operating season.</small>	

The above named ski school wishes to apply for an inspection as part of the BASI Approved Ski School QA Scheme.

The ski school wishes to be inspected for the following disciplines (tick only those that apply):

- | | | | |
|-----------|--------------------------|------------|--------------------------|
| Alpine | <input type="checkbox"/> | Adaptive | <input type="checkbox"/> |
| Snowboard | <input type="checkbox"/> | Touring | <input type="checkbox"/> |
| Nordic | <input type="checkbox"/> | Off Piste | <input type="checkbox"/> |
| Telemark | <input type="checkbox"/> | Heliskiing | <input type="checkbox"/> |

The ski school wishes to be inspected for LOtC status (see guidelines appendix 3) Yes No

I confirm that the ski school satisfies the following application criteria and have enclosed the evidence:

- The ski school is a registered organisation or venue who promotes, sells, organises and delivers snowsports instruction directly to the public, schools and/or groups either in the UK or overseas
- The ski school is a direct employer of snowsport instructors, operating either a PAYE or co-operative profit sharing system
- The Ski Schools holds adequate public and employers' liability insurance for snowsports activities (minimum £5m cover).

Checklist for Applicant: Application Fee
Registered Organisation
Public and employers liability insurance certificate
Application Form

Please return your application form and checklist documentation with the application fee to:

BASI Approved Ski School QA Scheme

Morlich House

17 The Square

Grantown on Spey

PH26 3HG

Tel: 01479 861717

Payment by (please tick): Debit Card

BACS

Credit Card

Please contact the co-ordinator for BACS transfer details

Number: Expiry Date:

Start Date/Valid From: Issue No: Security No:

Name: _____

Signature: _____ Position: _____

Print Name: _____ Date: _____

Office Use Only

Application Form & Fee Received & Checked:

Acknowledgement Sent:

Confirmed Inspection Date:

Inspection Date Agreed with Ski School:

Assessor Confirmed:

Confirmation Date sent to Applicant:

Assessor:

Fee Received:

Application Inspection Dossier Received by BASI & Checked:

Application Inspection Dossier sent to Assessor:

Inspection Outcome:

Assessor Reports Received:

Applicant Result Notification & Pack: