



## Overnight Accommodation Approval Form



Please complete all sections.

### SECTION 1 LOCATION

Name of property:	
Full address of property:	
Division in which property is located:	District in which property is located:
Brief description of property:	

### SECTION 2 ACCESS

Is there any car parking? Yes/No	Is there parking for a minibus? Yes/No
How far is the venue from public transport?	
Is there boundary fencing? Yes/No	
How far away are shops and services?	
Is there access to a telephone? Yes/No	
If no can mobile phones be used at location i.e. signal strength Yes/No	

### SECTION 3 SAFETY & SECURITY

What are the locking up arrangements?
What are the fire safety arrangements?
Are the fire extinguishers serviced regularly? Yes/No
Are there safety catches on the windows? Yes/No
Potential hazards?
Are there windows which allow a public view of occupants? Yes/No
If yes, are there any window coverings? Yes/No
If no, is there any method of ensuring privacy? Yes/No

## SECTION 4

## INTERIOR

Heating: a. What type of heating is available? b. How is it regulated?	a. b.
Lighting: What is the provision for night-time lighting?	
Hot Water Supply: How reliable is the temperature?	
Toilet facilities: a. How many toilets are available b. Are they user friendly for rainbows?	a. b.
Washing & drying facilities: Are there any washing or drying facilities? If yes please describe	Yes/No
Power points: Are there power points available?	Yes/No
Rubbish disposal: What are the arrangements for the disposal of rubbish?	
Kitchen: What equipment is available?	
Dining arrangements: Are there any separate dining facilities?	
Sleeping arrangements: What are the arrangements for sleeping?	
Space for first aid: Is there space available for first aid? If yes please describe.	
Facilities for members With mobility needs: a. ramp b. suitable toilets c. ground suitable for wheelchairs d. appropriate beds	a. Yes/No b. Yes/No c. Yes/No d. Yes/No
Facilities for Males (without going through girls' sleeping or toilet areas). a. separate sleeping arrangements b. separate washing arrangements c. separate toilet arrangements	a. Yes/No b. Yes/No c. Yes/No

General Comments
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Date of visit \_\_\_\_\_ Signatures \_\_\_\_\_

Recommendation Approved/Not approved Rainbow/Brownie/Guide/Senior Section Max No \_\_\_\_\_

Date of review \_\_\_\_\_

Date added to approved accommodation list (if applicable) \_\_\_\_\_