

DMS Registration Form



Please use this questionnaire to register the details of your **shop** with the NVG Destination Management System database. Please give all details in **BLOCK CAPITALS**. We reserve the right to alter data to fit the space available in the computer system. **Please return to Rebecca Crofts at: Cumbria Tourism, Windermere Road, Staveley, Kendal, Cumbria, LA8 9PL or email: rcrofts@cumbriatourism.org**

The form consists of three parts:

1. **Contact:** gives details of the person who we can contact to check details.
2. **Venue:** describes the situation of the shop and the facilities within it. Complete one copy of this page for each venue with a different address.
3. **Type of shop:** describes the type of shop available at a venue including opening times. Complete one copy of this page for each type of shop you wish to register.

Always complete one copy of the contact and venue pages and at least one of the type of shop. A large venue might have 2 or more shops (e.g. gift, food). In the description of the venue summarise all the attractions of the place.

1. Contact

Please give the details of the person for us to contact to confirm details in this questionnaire. This name and address will not be published to members of the public.

Business Name:

Contact Name:

Mr / Mrs / Miss / Ms

Address for
correspondence:

Postcode:

Fax No:

Telephone No:

Mobile No:

Email:

Please sign to certify that the information you have provided is correct.

Signature:

Name:

Date:

Please supply an image of your venue, this can be sent as a photograph or on disk in PC format, preferably saved as jpeg. Please note: All images appear on the website in landscape format. Please tick this box if you have supplied a picture of the venue:

2. Venue

Please give the details of the location of the shop.

Venue Name:			
Address of venue			
Postcode:			
Web site			

Please provide a short description of the venue that summarises its main features (no more than 150 chars):

Please provide directions to your shop from the nearest through route:

Free parking:	<input type="checkbox"/>	Parking with charge:	<input type="checkbox"/>	Easy to access by public transport:	<input type="checkbox"/>
Nearest station:			No of miles from nearest station:		

Please tick the amenities that the venue has to offer:

- | | |
|--|--|
| <input type="checkbox"/> Accepts groups | <input type="checkbox"/> On-site catering |
| <input type="checkbox"/> Baby changing facilities | <input type="checkbox"/> On-site light refreshments |
| <input type="checkbox"/> Cash Point | <input type="checkbox"/> Postbox |
| <input type="checkbox"/> Credit cards accepted (no fee) | <input type="checkbox"/> Pushchairs available |
| <input type="checkbox"/> Credit cards accepted (with charge) | <input type="checkbox"/> Telephone (public) |
| <input type="checkbox"/> Currency Exchange | <input type="checkbox"/> Regional Tourist Board Member |
| <input type="checkbox"/> Disabled access | <input type="checkbox"/> Wheelchairs available |
| <input type="checkbox"/> Disabled toilets | <input type="checkbox"/> Public toilets |
| <input type="checkbox"/> Gift shop | |

Comments about amenities:

Please tick the option that best describes the area of your venue:

- | | | |
|---|--|--|
| <input type="checkbox"/> Carlisle & Hadrian's Wall | <input type="checkbox"/> Keswick & Western Lake District | <input type="checkbox"/> Alston & North Pennines |
| <input type="checkbox"/> Ullswater & Eden Valley | <input type="checkbox"/> Coniston & Lake District Peninsulas | <input type="checkbox"/> Kendal & Southern Lakes |
| <input type="checkbox"/> Sedbergh & Yorkshire Dales | | |

Are you located within: Lake District National Park

Themes: Wet Weather Child Activities

3. Type of shop

Please give details of each shop at the venue.

Name of shop:

Type of shop (local produce, outdoor shop etc):

Please tick if picture of shop is enclosed:

Please give contact details for members of the public to use:

Contact Name:	Mr / Mrs / Miss / Ms		
Telephone No:		Mobile No:	
Website:			
Email:			

Please tick the amenities that the shop has to offer:

- Children welcome
- Disabled access
- Dogs accepted
- Dogs not accepted (except guide dogs)
- Smoking not allowed
- Smoking allowed

Please give a full description of the shop (continue overleaf if required):

Please give opening time(s) for each day eg 9:00-13:00, 14:30 – 17:00 (if not open on a day please put a cross through it) or tick here if open 24 hours a day 365 days a year:

Season dates	Mon	Tue	Wed	Thu	Fri	Sat	Sun
__/__/__ to __/__/__							
__/__/__ to __/__/__							
__/__/__ to __/__/__							

Bank Holidays – if **different** from normal opening time (if not open on a day, please put a cross through it).

New Year	Good Fri	Easter Sat	Easter Sun	Easter Mon	May Day	May BH Sat
May BH Sun	May BH Mon	Aug BH Sat	Aug BH Sun	Aug BH Mon	Christmas	Boxing Day

Further notes on opening arrangements (e.g. latest admission time)

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RETAIL OUTLETS - SELF ASSESSMENT QUESTIONNAIRE

Name of Establishment:

PARKING		YES	NO
1	Is designated parking provided for shoppers with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
2	If yes, is it within 50 metres from the main entrance?	<input type="checkbox"/>	<input type="checkbox"/>
3	Is there a drop-off point for shoppers immediately outside the main entrance?	<input type="checkbox"/>	<input type="checkbox"/>

BUILDING ENTRANCE			
4	Are there any steps to the main entrance?	<input type="checkbox"/>	<input type="checkbox"/>
4a	If 'yes', how many steps?		
4b	If 'yes', is there a handrail by the steps?	<input type="checkbox"/>	<input type="checkbox"/>
5	Is there a ramp to the main entrance?	<input type="checkbox"/>	<input type="checkbox"/>
5a	If 'yes', is there a handrail by the ramp?	<input type="checkbox"/>	<input type="checkbox"/>
6	Is there an automatic door at the main entrance?	<input type="checkbox"/>	<input type="checkbox"/>

ACCESS TO SHOPPING AREAS			
7	Is there level access on one floor throughout the facility?	<input type="checkbox"/>	<input type="checkbox"/>
8	Is there access to other levels by escalator?	<input type="checkbox"/>	<input type="checkbox"/>
9	Is there access to other levels by lift?	<input type="checkbox"/>	<input type="checkbox"/>
10	Is the lift equipped with verbal floor announcements?	<input type="checkbox"/>	<input type="checkbox"/>
11	Is the lift equipped with raised floor numbers or braille numbers or letters?	<input type="checkbox"/>	<input type="checkbox"/>
12	Is there access to a specially adapted public toilet suitable for wheelchair users?	<input type="checkbox"/>	<input type="checkbox"/>
13	Is there good contrast between the floor and walls?	<input type="checkbox"/>	<input type="checkbox"/>
14	Do clear surfaces such as glass doors have contrast markings on them?	<input type="checkbox"/>	<input type="checkbox"/>
15	Do you provide a public toilet suitable for wheelchair users?	<input type="checkbox"/>	<input type="checkbox"/>
15a	If 'no', where is the nearest suitable public facility? _____		
16	Do you provide baby changing facilities?	<input type="checkbox"/>	<input type="checkbox"/>
17	Is a hearing loop installed in public areas?	<input type="checkbox"/>	<input type="checkbox"/>
18	If you are a clothing outlet, do you provide changing rooms that are accessible for a wheelchair user / carer with children's buggy / person with limited mobility ie with chair?	<input type="checkbox"/>	<input type="checkbox"/>
19	Do you provide a low counter at the till for wheelchair users?	<input type="checkbox"/>	<input type="checkbox"/>

RESTAURANT / CAFÉ		YES	NO
20	Is there level access (ie no steps or thresholds), or access by ramp or lift to the restaurant / café (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>
21	Is there good contrast between the floor and walls?	<input type="checkbox"/>	<input type="checkbox"/>
22	Are menus available in large print (14pt and over)?	<input type="checkbox"/>	<input type="checkbox"/>
23	Can the restaurant / cafe provide meals for visitors with special dietary requirements?	<i>tick where appropriate</i>	
23a	Sugar free (diabetic)	<input type="checkbox"/>	<input type="checkbox"/>
23b	Gluten free (celiacs)	<input type="checkbox"/>	<input type="checkbox"/>
23c	Lactose free (dairy free)	<input type="checkbox"/>	<input type="checkbox"/>
23d	Low potassium	<input type="checkbox"/>	<input type="checkbox"/>
23e	Low sodium	<input type="checkbox"/>	<input type="checkbox"/>
23f	Nut free	<input type="checkbox"/>	<input type="checkbox"/>
23g	Additive free	<input type="checkbox"/>	<input type="checkbox"/>
23h	Organic	<input type="checkbox"/>	<input type="checkbox"/>
23i	Vegetarian	<input type="checkbox"/>	<input type="checkbox"/>
23j	Vegan	<input type="checkbox"/>	<input type="checkbox"/>
24	Is seating available suitable for wheelchair users, ie moveable and good height for person sitting in a wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>
25	Are high chairs for children available?	<input type="checkbox"/>	<input type="checkbox"/>
26	Is a children's menu available?	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL QUESTIONS			
27	Is there any reason why service dogs are NOT allowed in your establishment IF 'YES', GIVE REASONS: _____	<input type="checkbox"/>	<input type="checkbox"/>
28	Is seating available throughout the facility at appropriate intervals for shoppers with limited mobility?	<input type="checkbox"/>	<input type="checkbox"/>
29	Do clear surfaces such as glass doors have contrast markings on them?	<input type="checkbox"/>	<input type="checkbox"/>
30	Do you provide wheelchairs?	<input type="checkbox"/>	<input type="checkbox"/>
30a	If 'yes', tick whether these are: Free	<input type="checkbox"/>	<input type="checkbox"/>
30b	Chargeable	<input type="checkbox"/>	<input type="checkbox"/>
31	Are routes / aisles throughout the facility suitable for wheelchair users or visitors with limited mobility?	<input type="checkbox"/>	<input type="checkbox"/>
32	Have all personnel who have contact with shoppers had disability awareness training?	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL INFORMATION	
33	Do you have any other comments that you would like to make regarding the facilities that you provide that aids accessibility within your premises?
<p><i>Open Text</i></p>	

Legal Statement For Submission Of Information To Tourism Promoters

This questionnaire is your way of telling Cumbria Tourism, Local Councils and VisitBritain about your tourism product or service and of being part of their promotional activities for the coming year.

The information you provide may be published by the tourist boards or be made available to Tourist Information Centres in helping with enquiries from the public and other third parties. Additionally, the tourist boards may pass the information to third parties for inclusion, at their discretion, in tourism-related publications. There is no guarantee that the information, which you may have supplied, will be published or used either in the form submitted or at all. If it is, the tourist boards will make every reasonable effort to ensure accuracy but regret that they cannot accept liability of any kind arising from or in connection with the use or publication of the information, either by themselves or third parties, including as a result of any error or omission on the part of the tourist boards. Nothing in the foregoing disclaimer shall operate or be construed so as to bar any claim resulting in the personal injury or death of any person.

I have read the information supplied and warrant that the information provided is true and accurate and if published will not constitute an offence under the Consumer Protection Act From Unfair Trading Regulations 2008.

*Please tick the following boxes **if you agree to your data being used** for use in the following areas.*

- The Tourism Promoters sometimes make data available to carefully selected organisations whose products and services may be of interest to you. Please tick if you wish your data to be passed on in this way.
- The Tourism Promoters sometimes make data available to carefully selected organisations for inclusion in tourism-related publications and websites for the purpose of, but not limited to, providing you with potential additional customers and/or sales leads. Please tick if you wish your data to be passed on in this way.
- Please tick if you consent to the Tourism Promoters passing the information you have supplied to persons and/or organisations located outside the European Economic Area.

Declaration

I accept the above statement for submission of information to tourism promoters.

Signature			
Print Name			
Position			
Date			
Office code:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; height: 30px;"></td> <td style="text-align: center;">(for office use only)</td> </tr> </table>		(for office use only)
	(for office use only)		