

DMS Registration Form



Please use this questionnaire to register the details of **Restaurants, Pubs, Inns and Coffee Shops** 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 four parts:

1. **Contact:** gives details of the person who we can contact to check details.
2. **Venue:** describes the place where the restaurant, pub, inn or coffee shop is situated. Complete one copy of this page for each venue with a different address.
3. **Business Details:** gives specific information about opening times, facilities etc.
4. **Event:** describes an event that occurs on a particular day(s) at a venue. Complete one copy of this page for each different event.

Always complete one copy of the contact and venue pages and at least one of the Information or events page. A large restaurant might have live music each week, in which case they would fill in an information page for the restaurant, and an events page for the live music.

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 This name and address will not be published to members of the public.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 restaurant, pub, inn or coffee 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 property 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"/> Baby changing facilities | <input type="checkbox"/> Gift shop |
| <input type="checkbox"/> Coach parties accepted | <input type="checkbox"/> National Trust Property |
| <input type="checkbox"/> Credit cards accepted (no fee) | <input type="checkbox"/> On-site catering |
| <input type="checkbox"/> Credit cards accepted (with charge) | <input type="checkbox"/> On-site light refreshments |
| <input type="checkbox"/> Currency Exchange | <input type="checkbox"/> Picnic site |
| <input type="checkbox"/> Disabled access | <input type="checkbox"/> Public toilets |
| <input type="checkbox"/> Disabled toilets | <input type="checkbox"/> Regional Tourist Board Member |
| <input type="checkbox"/> English Heritage Property | <input type="checkbox"/> Telephone (public) |
| <input type="checkbox"/> Facilities for groups | <input type="checkbox"/> Welcome Host |
| | <input type="checkbox"/> Wheelchairs available |

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. Business Details

Please give details of the restaurant, pub, inn or coffee shop.

Name of business:

Please tick if picture 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 attraction has to offer:

- | | | |
|--|---|--|
| <input type="checkbox"/> Children welcome | <input type="checkbox"/> Facilities for visually impaired | <input type="checkbox"/> Venue approved for civil marriage |
| <input type="checkbox"/> Disabled access | <input type="checkbox"/> Facilities for hearing impaired | <input type="checkbox"/> Wedding receptions |
| <input type="checkbox"/> Dogs accepted | <input type="checkbox"/> Smoking allowed | |
| <input type="checkbox"/> Dogs not accepted (except Guide dogs) | <input type="checkbox"/> Smoking not allowed | |

Please give a full description of the restaurant, pub, inn or coffee shop (continue overleaf if required):

Speciality :
Allergies catered for :
Name of Chef :
Covers:

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	Sun	Mon	Tue	Wed	Thu	Fri	Sat
__/__/__ 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 (eg last orders)

4. Event

Please give details of each event (eg beer festival, live music, karaoke) available at the venue.

Name of event:

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Please tick if picture of event is enclosed:

Please give details of entry charges including concessions and special rates for groups :

Entry is free <input type="checkbox"/>

Please give contact details for members of the public to use (if different from business):

Contact Name:

Mr / Mrs / Miss / Ms

Telephone No:

Mobile No:

Website:

Email:

Please tick the amenities at the event:

- Children welcome
- Disabled access
- Dogs accepted

- Dogs not accepted (except guide dogs)
- Smoking allowed
- Smoking not allowed

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

Please give date(s) and time(s) for each day eg 9:00-13:00, 14:30 – 17:00. If different times for each day, please use separate rows.

Date(s)	Time
__/__/__ to __/__/__	
__/__/__ to __/__/__	
__/__/__ to __/__/__	

Further notes on opening arrangements

FOOD & DRINK ESTABLISHMENTS - SELF ASSESSMENT QUESTIONNAIRE

Name of Establishment:

PARKING

1	Is designated parking provided for guests 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 the surface of the car park and pathway leading to entrance:	<i>tick one</i>	
3a	Solid ie tarmac / concrete etc?	<input type="checkbox"/>	<input type="checkbox"/>
3b	Gravel	<input type="checkbox"/>	<input type="checkbox"/>
3d	Other	<input type="checkbox"/>	<input type="checkbox"/>
4	Is there a drop-off point for guests immediately outside the main entrance?	<input type="checkbox"/>	<input type="checkbox"/>
5	Is the route from the parking area to the entrance:	<i>tick one</i>	
5a	Flat (ie without steps)	<input type="checkbox"/>	<input type="checkbox"/>
5b	With a ramp	<input type="checkbox"/>	<input type="checkbox"/>
5c	With steps and no ramp	<input type="checkbox"/>	<input type="checkbox"/>

BUILDING ENTRANCE

6	Are there any steps to the main entrance?	<input type="checkbox"/>	<input type="checkbox"/>
6a	If 'yes', how many steps?	<input type="checkbox"/>	<input type="checkbox"/>
6b	If 'yes', is there a handrail by the steps?	<input type="checkbox"/>	<input type="checkbox"/>
7	Is there a ramp to the main entrance?	<input type="checkbox"/>	<input type="checkbox"/>
7a	If 'yes', is there a handrail by the ramp	<input type="checkbox"/>	<input type="checkbox"/>
8	Is the entrance well lit?	<input type="checkbox"/>	<input type="checkbox"/>
9	Is there an automatic door at the main entrance?	<input type="checkbox"/>	<input type="checkbox"/>

RESTAURANT / CAFÉ

10	Is there level access (ie no steps or thresholds), or access by ramp or lift to the restaurant / cafe?	<input type="checkbox"/>	<input type="checkbox"/>
11	Is there level access (ie no steps or thresholds), or access by ramp or lift to the toilets?	<input type="checkbox"/>	<input type="checkbox"/>
12	Is there level access (ie no steps or thresholds) or access by ramp to a specially adapted toilet for wheelchair users?	<input type="checkbox"/>	<input type="checkbox"/>
13	Is there good contrast between the floor and walls good?	<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	Are menus available in large print (14pt and over)?	<input type="checkbox"/>	<input type="checkbox"/>
16	Can the restaurant / cafe provide meals for visitors with special dietary requirements?	<i>tick where appropriate</i>	
16a	Sugar free (diabetic)	<input type="checkbox"/>	<input type="checkbox"/>
16b	Gluten free (celiacs)	<input type="checkbox"/>	<input type="checkbox"/>
16c	Lactose free (dairy free)	<input type="checkbox"/>	<input type="checkbox"/>
16d	Low potassium	<input type="checkbox"/>	<input type="checkbox"/>

16d		Low sodium	<input type="checkbox"/>	<input type="checkbox"/>
16e		Nut free	<input type="checkbox"/>	<input type="checkbox"/>
16f		Additive free	<input type="checkbox"/>	<input type="checkbox"/>
16g		Organic	<input type="checkbox"/>	<input type="checkbox"/>
16h		Vegetarian	<input type="checkbox"/>	<input type="checkbox"/>
16i		Vegan	<input type="checkbox"/>	<input type="checkbox"/>
17	Do you provide baby changing facilities?		<input type="checkbox"/>	<input type="checkbox"/>
18	Are areas of the restaurant / café well lit and suitable for people with sight impairments?		<input type="checkbox"/>	<input type="checkbox"/>
19	Is seating available suitable for wheelchair users, ie moveable and good height for person sitting in a wheelchair?		<input type="checkbox"/>	<input type="checkbox"/>
20	Are high chairs for children available?		<input type="checkbox"/>	<input type="checkbox"/>
21	Is a children's menu available?		<input type="checkbox"/>	<input type="checkbox"/>
22	Is there an audible alarm system?		<input type="checkbox"/>	<input type="checkbox"/>
23	Is there a visual alarm system?		<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL INFORMATION

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

Legal Statement For Submission Of Information To Tourism Promoters

This questionnaire is your way of telling Cumbria Tourism, Local Councils and Visit Britain 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: 20px;"></td> <td style="padding-left: 10px;">(for office use only)</td> </tr> </table>		(for office use only)
	(for office use only)		