

## VISITOR ATTRACTION APPLICATION FORM

### Owner

Name	
Address	
Town	
County	
Postcode	
Tel	
Fax	
E-mail	

### Attraction

Name	
Address	
Town	
County	
Postcode	
Tel	
Fax	
E-mail	
Web	

### Contact (if different from owner)

Name	
Address	
Town	
County	
Postcode	
Tel	
Fax	
E-mail	

**Owners with multiple attractions should complete a form for each attraction.**

As described in the criteria, there are 12 designators within the Visitor Attraction Scheme, i.e. Visitor Attraction, Leisure Centre, Arts Venue, Tourist Shop, Historic Attraction, Activity Centre, Tour, Castle, Garden, Garden Centre, Museum and Historic House.

Please indicate the designator most suited to your establishment.

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Please indicate unsuitable months for inspection **only where your attraction is seasonally closed or closed for major refurbishment.**

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I would like to be inspected to assess suitability for visitors with disabilities.

I enclose 3 copies of my current leaflet.

Please indicate if you are a member of the Association of Visitor Attractions, Scottish Museums Council, etc.

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**Please complete the below section if you offer activities at your attraction**

I confirm that I have: - (where applicable)

a) National Governing Body accreditation(s)

Please specify: \_\_\_\_\_

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b) AALA Licence (statutory)

c) AALA Safety accreditation

**Declaration**

I wish to participate in the VisitScotland's Visitor Attraction Quality Assurance Scheme and wish my attraction(s) inspected and assessed for grading.

I have read the Schedule of Conditions and agree to accept and abide by the terms and conditions contained within the said Schedule of Conditions.

I agree to abide by the Code of Practice for Visitor Attractions.

I understand that the timing of the visit will be at the discretion of VisitScotland.

I understand that VisitScotland expressly reserves the right in its absolute discretion to refuse to accept this application and to require any attraction to cease using an award in any form whatsoever.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name & Title (block capitals): \_\_\_\_\_

Position: \_\_\_\_\_

**Please do not send any money now. We will invoice you upon receipt of this application.**

Please send completed application to: -

Quality & Standards Department  
VisitScotland  
Thistle House,  
Beechwood Park North  
Inverness  
IV2 3ED  
Tel No: 01463 723040  
Fax No: 01463 717244  
E-mail: [qainfo@visitscotland.com](mailto:qainfo@visitscotland.com)