BARTS Medical Support Requirements for Alpine Disciplines

MEDICAL ASSESSMENT FORM FOR BRITISH ARTIFICIAL SEEDING COMPETITIONS

The Organising Committee for each competition must fill in the assessment form below prior to the commencement of Training at a Competition.

THE COMPLETED FORM MUST BE EMAILED TO THE HNGB or MEMBER GROUP RESPONSIBLE PRIOR TO THE START OF THE EVENT and posted on the official noticeboard or distributed at the team captains meeting.

Event Venue	Norfolk Snowsports Club	**CoR** –	Debbie Gunton
Event Dates	22 August 2026	**Event Status**	**All England 2026**
Event Doctor *(if appropriate)*	N/A	Phone: +44.....	
First Aid provided by name:	Norfolk Snowsports Club	Primary – Helen Walker	
Local Surgery or NHS 'walk-in' centre ***(if appropriate)***	**Address:** NHS Walk in Centre, Rouen House, Rouen Rd, Norwich NR1 1RB **Phone:** 01603 677500 **From Venue:** 5 min by car - 1.5 miles	**Level of Care:** Basic first aid	
Hospital	**Address:** Norfolk and Norwich University Hospital NHS Foundation Trust Colney Lane, Norwich, NR4 7UY **Phone:** 01603 286286 **From Venue:** 10-15 mins by car, 6 miles **Directions** : Head to A47 westbound. Signposted Exit at A11 Junction. Follow signage to A&E	**Level of Care:** Accident & Emergency Department	
Pharmacy	**Address:** Boots, Riverside Retail Park, NR1 1WR **Phone:** 01603 662894 **From Venue:** 6 min by car - 1.5 miles	**Level of Care:** Pharmacist	
Slope patrol	**In contact by** Maintenance Staff on site	**Slope patrol** on-site during racing **Yes**~~/No~~	
Ambulance	**In contact by phone 999**	**Location** Norwich Hospital **From Venue:** 6 miles - 7 minutes by Ambulance (Category 1 Life threatening)	
Slope accident Protocol	**First aid is located at: Blue post half way up the main slope on the right.** **Doctor located at: N/A** **In contact by:** Radio/PA	**1.** Primary First Aider to attend person and assess. **2.** Person moved to first aid area in club house if able or await ambulance to move person on stretcher. Hand over to Reception First Aider. *(Advice based on acuity of injury and consultation with parent/coach.)* **7.** TD completes accident form or notes on report.	
Crowd / Public Protocol	**First aid is located at: On Blue run half**	All as above	

Only if different from above	**way up main slope on the right.** **Doctor located at:** N/A **In contact by:** Radio/PA	
Back-up plan		All slope staff are First Aid trained
Defibrillator Equipment	**Is there a Defibrillator (AED) on site?** **Where is it located?** **Is there a person on site trained to use the equipment?** **If not on site, nearest Defibrillator located at:**	Yes Main office by reception. Yes n/a

The Medical arrangements fully meet the criteria for BARTS competitions				**Yes/ No If no identify issue below**	
Description	**Yes/No**	**Complies fully with Rule 1? Y/N**	**Degree of compliance 1-5 (where 5 = fully in place)**	**If not fully complied, reason**	
Medical Cover (dedicated First Aider on site)	Yes	No	3	Doctor not necessary. First Aid provided by ROC located on slope throughout. Technical competition in controlled environment. Ambulance Category 1 Life threatening 7 minutes.	
Signed:	D Gunton	~~**Technical Delegate**~~**/Chief of Race/**~~**Chief of Champs**~~ *Delete as appropriate*		**Date:**	18/07/2026

The plan should be discussed on setting up contract with venue and prior to publication of Acceptance Bulletin.
The document should be agreed and signed by Chief of Race/Medical Director/Chief of Championships plus TD (if applicable).
Please email completed forms to sponsoring constituent group.