

“SCHEDULE 6

Regulation 7

DISABLED ACCESS AND FACILITIES STATEMENT

Licensing (Scotland) Act 2005, section 20(2)(b)(iia)

Question 1

Disabled access and facilities

1(a)	Is there disabled access to the premises	<i>YES</i>
1(b)	Do you have facilities for those with a disability	<i>YES</i>
1(c)	Do you have any other provisions available to aid the use of the premises by disabled people	<i>YES</i>
<i>*Delete as appropriate</i>		

If you have answered Yes to any of the questions above please complete, as appropriate, the following sections.

Question 2

Disabled access to, from and within the premises

Please provide clear and detailed description of how accessible the premises are for disabled people. e.g. ramps, accessible floors, signage.

These premises are located on the ground floor of Xsite Breahead, the entertainment complex at King's Inch Road. As such there is excellent access for wheelchair users for example. Photos are attached.

Question 3

Facilities available

Please describe in detail the facilities provided for disabled people. e.g. disabled toilets, lifts, accessible tables.

There is an accessible toilet – see Layout Plan and there are also facilities within the centre itself.

Staff are trained to look out for any customer who might have a mobility issue, or indeed those with any form of restriction on hearing, sight etc.

There is table service of course.

Question 4

Other provisions

Please provide details of any other provisions made to aid the use of the premises by disabled people. e.g. assistance dogs welcome, large print menus.

Once again this matter has been brought to the attention of our clients and they will now do an assessment of what facilities they may be able to provide, and in particular assistance for other types of disability, beyond mobility difficulties, including mental health, sight, hearing and other types of illness.

It is hoped to provide staff with guidance as to how to identify such people and what assistance can be provided.

DECLARATION BY APPLICANT OR AGENT ON BEHALF OF APPLICANT

If signing on behalf of the applicant please state in what capacity.

The contents of this declaration are true to the best of my knowledge and belief.

Signature

Date 27/5/13

Capacity APPLICANT/AGENT

Telephone number and email address of signatory

*** Data Protection Act 1998**

The information on this form may be held on an electronic public register which may be available to members of the public on request."





