



PERTH AND KINROSS LICENSING BOARD,

Pullar House, 35 Kinnoull Street, Perth, PH1 5GD

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	YES
1(b)	Do you have facilities for those with a disability	YES
1(c)	Do you have any other provisions available to aid the use of the premises by disabled people	YES
<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.

The entire ground floor of Dun Aluinn is wheelchair accessible, with no barriers or thresholds between rooms.
For access up 2 steps at the front door of Dun Aluinn, we have a temporary ramp that we install when required

Question 3

Facilities available

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

We have a fully accessible toilet / WC on the ground, which has an emergency light alarm cord. We also have a fully accessible bedroom and ensuite on the ground floor, with wetroom shower area. We provide an accessible shower chair to those who require it.

Question 4

We welcome guests with disabilities, and we have been thanked on many occasions for how well the ground floor space at Dun Aluinn has been designed and thought of, to enable easy movement by wheelchair users

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.

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 disabled access and facilities statement are true to the best of my knowledge and belief.

Signature John Burke * (see note below)

Date 11th March 2022

Capacity Owner / MD 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