

DISABLED ACCESS AND FACILITIES STATEMENT

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	NO
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.

AMBULANT DISABLED WHOLE PREMISES

Question 3

Facilities available

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

NONE

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.

ASSISTANCE DOGS WELCOME
STAFF TRAINED TO HELP AMBULANT DISABLED

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.

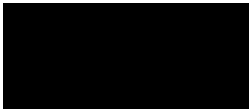


Signature _____* (see note below)

Date: 6-7-2023

Capacity AGENT

Janet Hood
Janet Hood Training and Consulting Limited
SC534109
Kirkton of Balfour, Edzell, Brechin, Angus, DD9 7XU



*** 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.