

### 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
*Delete as a	appropriate	

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.

Designated disabled parking spaces in parking lot, close to building entrance Level surface from parking lot through to entrance (no ramps required)

Level disabled access through out ground level.

- 2 x disabled access toilets near to entrance, right next to box office.
- 1 x disabled dressing room and shower, next to performance spaces.

All tables are wheelchair accessible.

All accessible areas are clearly signed throughout the theatre.

## **Question 3**

## **Facilities available**

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

accessible tables.

2 x disabled toilets
1 x disabled dressing room and shower

No lifts in the building (N/A)

All tables are disabled/wheelchair accessible.

Dedicated accessible seating in both auditorium and studio spaces.

All outdoor spaces are wheelchair accessible and have accessible facilities.

# **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 allowed							
Audio describers for Main auditorium shows, with infrared headset system.							

# 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: Michael Ives (see note below)

Date: 8 March 2022

Capacity: APPLICANT

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