

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	¥ES / NO*
1(b)	Do you have facilities for those with a disability	YES/NO*
1(c)	Do you have any other provisions available to aid the use of the premises by disabled people	YES /NO*
*Delete as 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.

Dunfallandy House is a listed 200 year old Georgian Country mansion house, so sadly we are limited for what we can offer to those with disabilities. Our guest rooms are on the 1st and second floors of the building, and as the bar lounge is only available to guests staying in the hotel, it makes it impossible to cater to those needing wheelchair access.

Question 3

Facilities available

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

As mentioned above, we are limited to what we can do for those needing wheelchair access. We are looking into ways to better aid those with hearing or sight disability. And we are certainly open to put in place anything we can to help people with a disability.

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.

	For guests who are deaf, we have fitted new flashing smoke detectors in the bedrooms in case of emergency. We will also put in place staff training awareness to ensure staff are aware if someone with limited hearing, sight or mobility is staying, to ensure they are assisted in the case of a building emergency.
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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.

	* (see note below)				
Date 12/04/2024	······································				
Capacity BUSINESS OLINER APPLICANT/AGENT					
Telephone number and email addres	ss 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