

Question 3

Facilities available

Please describe the facilities provided for disabled people

Question 4

Other provisions

Please provide details of any other provisions made to aid the use of the premises by disabled people.

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

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.

