**Venue Assessment Form**

All About You – Disability Services requires a Venue Assessment Form for all bookings to ensure accessibility and to ensure all attendees can enjoy and participate fully in our events.

Thank you for completing this form to assist All About You – Disability Services in ensuring your venue will meet our needs.

Please complete all sections.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of venue |  | | | | |
|  |  | | | | |
| Address |  | | | | |
|  |  |  |  | | |
| Email |  | | | | |
|  |  |  |  | | |
| Contact person |  | Phone |  | | |
|  |  |  |  | | |
| Access and Transport | | | | Please tick | |
| YES | NO |
| Is on-site parking available? | | | |  |  |
| Number of accessible parking spaces for people with disability? | | | |  | |
| Is there an accessible entrance to the venue? | | | |  |  |
| Do internal lifts reach all rooms? | | | |  |  |
| Can the venue be reached by public transport? | | | |  |  |
| Type of public transport available? *(ie Taxi, Bus, other)* | | | |  | |
|  | | | | | |
| Venue Accessibility | | | | | |
| Are all rooms accessible to wheelchairs? | | | |  |  |
| Are accessible bathrooms available? | | | |  |  |
| Are the paths/walkways clear and maintained? | | | |  |  |
|  | | | | | |
|  | | | | | |
| Health and Safety Requirements | | | | | |
| Does the venue have public liability insurance coverage? | | | |  |  |
| Is the venue equipped with first aid staff and/or first aid equipment? | | | |  |  |
| Does the venue have appropriate fire alarms, sprinklers and evacuation procedures? | | | |  |  |
| Is all electrical equipment regularly checked and tagged and protected by RCDs? | | | |  |  |
| Are hazardous materials securely locked away? | | | |  |  |
| Are risky areas such as edges and stairs identified with tactile surfaces (large dots raised on ground)? | | | |  |  |
| Does the venue have non-slip floor surfaces and handrails on stairs? | | | |  |  |
| Does the building meet safety standards of the Australian building code? | | | |  |  |
| Availability of non-smoking outdoor areas | | | |  |  |
| Maintenance and inspection records available | | | |  |  |
| All equipment and water features guarded | | | |  |  |
| Presence of low light, glary or noisy areas | | | |  |  |
| Working with children and police checks undertaken for staff | | | |  |  |
| Staff trained for activities | | | |  |  |
| Presence of crowds or animals | | | |  |  |
| Food safety standards met | | | |  |  |
|  | | | | | |
| Additional comments | | | | | |
|  | | | | | |

Statement

I declare that the information I have provided in this form is complete and correct. I understand that providing false or misleading information is a serious matter.

|  |  |  |  |
| --- | --- | --- | --- |
| Authorised officer |  | | |
|  |  |  |  |
| Signature |  | Date |  |

Once complete, please return form to [admin@allaboutyou.org.au](mailto:admin@allaboutyou.org.au)