**CLUB FACILITY ACCESS AUDIT AND ACTION PLAN**

INSERT YOUR CLUB LOGO HERE

**Venue Name: [insert venue name] Date Completed: 01/01/01 Completed by: [insert name of club officer]**

|  |  |  |  |
| --- | --- | --- | --- |
| **Physical Barrier** | **Immediate Solutions** | **Future Solutions** | **Actions** |
| Car Park |  |  |  |
| Access to Building |  |  |  |
| Changing Rooms/Toilet Facilities |  |  |  |
| Access to Playing Area |  |  |  |
| Access to Social/Meeting Area |  |  |  |