# Cardiff University Students’ Union Widening Access Policy

|  |
| --- |
| **Club Name :** |

|  |  |  |  |
| --- | --- | --- | --- |
| Document progress |  | **Name of reviewer** | **Signed** |
| **Date Created** |  |  |  |
| **Date Reviewed** |  |  |  |
| **Date Reviewed** |  |  |  |
| **Date Reviewed** |  | **`** |  |

**Summary Table**

|  |  |
| --- | --- |
| **Accessibility barrier** | **Progress** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |

|  |  |  |
| --- | --- | --- |
| **Identified accessibility barrier** | | |
|  | | |
| **Why does this barrier exist?** | | |
|  | | |
| **What actions can done to change /improve this?** | | **Committee role responsible** |
| **1. \**(detail what can be done)*** | |  |
| **2.\*** | |  |
| **3. \*** | |  |
| **What is your goal?** | | |
|  | | |
| **How will you evaluate success?** | | |
|  | | |
| **Committee role with overall responsibility** |  | |
| **Date to review** |  | |

|  |  |
| --- | --- |
| **Review** | **Date :** |
| **Have we reached our goal? (or even got closer?)** | |
|  | |
| **Did the actions improve identified accessibility barrier?** | |
|  | |
| **Do the actions need updating / developing? (improvements needed)** | |
| *Update the actions marked by \* and you can continue the process using the guide above.* | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Identified accessibility barrier** | | **Date :** | |
|  | | | |
| **Why does this barrier exist?** | | | |
|  | | | |
| **What actions can done to change /improve this?** | | | **Committee role responsible** |
| **1. \**(detail what can be done)*** | | |  |
| **2.\*** | | |  |
| **3. \*** | | |  |
| **What is your goal?** | | | |
|  | | | |
| **How will you evaluate success?** | | | |
|  | | | |
| **Committee role with overall responsibility** |  | | |
| **Date to review** |  | | |

|  |  |
| --- | --- |
| **Review** | **Date :** |
| **Have we reached our goal? (or even got closer?)** | |
|  | |
| **Did the actions improve identified accessibility barrier?** | |
|  | |
| **Do the actions need updating / developing? (improvements needed)** | |
| *Update the actions marked by \* and you can continue the process using the guide above.* | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Identified accessibility barrier** | | **Date :** | |
|  | | | |
| **Why does this barrier exist?** | | | |
|  | | | |
| **What actions can done to change /improve this?** | | | **Committee role responsible** |
| **1. \**(detail what can be done)*** | | |  |
| **2.\*** | | |  |
| **3. \*** | | |  |
| **What is your goal?** | | | |
|  | | | |
| **How will you evaluate success?** | | | |
|  | | | |
| **Committee role with overall responsibility** |  | | |
| **Date to review** |  | | |

|  |  |
| --- | --- |
| **Review** | **Date :** |
| **Have we reached our goal? (or even got closer?)** | |
|  | |
| **Did the actions improve identified accessibility barrier?** | |
|  | |
| **Do the actions need updating / developing? (improvements needed)** | |
| *Update the actions marked by \* and you can continue the process using the guide above.* | |