

**YORK TEACHING HOSPITAL FOUNDATION NHS TRUST**

I understand that in the event of having made a false declaration, or should I fail to notify my Manager of any change in my circumstances which could affect the basis upon which a permit has been issued, action could be taken which may result in either the withdrawal of a job offer or the termination of my employment.

**WHAT TO DO WITH COMPLETED FORMS**

*Completed forms should be forwarded to your Manager for authorisation by an approved signatory.*

**Permits will only be issued if the information is complete and countersigned by an authorised signatory.**

<b>Forename</b>		<b>Surname</b>	
<b>SIP/ID Badge No:</b>	<b>Expiry Date</b>	<b>For Car Parking Office Use</b>	
		<b>Card Colour</b>	<b>Foil Colour</b>
		<b>Date Issued</b>	<b>Initials</b>
<b>Job Title</b>			
		<b>Tel/Extn No</b>	<b>Bleep No</b>
<b>Department/Ward</b>			
<b>Directorate</b>		<b>Main Work Base/Site</b>	
<b>Post Code</b>	<b>Vehicle Registration 1</b>	<b>Vehicle Registration 2</b>	

Please confirm the Main base of your work and method of payment – tick box below

Scarborough Hospital	<input type="checkbox"/>	Pay & Display	<input type="checkbox"/>
Other (please state)		Deduction from Salary*	<input type="checkbox"/>

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**For completion by authorised signatory: I confirm that, to the best of my knowledge, the applicant meets the criteria stated. I therefore support the application.**

Name (Block Capitals) AMY MESSENGER

Job Title: NURSE DEPLOYMENT MANAGER

Department: NURSE BANK

Directorate: HR

Signature A Messenger Date: 17-Jan-2018

<b>For Car Parking Office Use Only:</b>		
<b>Special Circumstances Applicants Only:</b>		
Panel Approval Received	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:

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STAFF PARKING PERMIT APPLICATION FORM

**As from the 1<sup>st</sup> December 2016, new starters must satisfy at least one of the criteria in order to qualify for a permit for on-site parking at the Scarborough General Hospital**

I wish to apply for a permit to park on the Scarborough General Hospital site on the basis of meeting the following criteria (please tick all that apply):

- | Criteria   | Please Tick              |
|--|--------------------------|
| 1 Disability<br>(I hold an official disabled badge)  | <input type="checkbox"/> |
| 2 Shift Working<br>(Regular early and/or late working)   | <input type="checkbox"/> |
| 3 Community Staff / Community Midwife / Specialist Nurse / Occupational Therapist / Physiotherapist (Who undertake Home Visits as part of their daily working requirement) | <input type="checkbox"/> |
| 4 Need to leave the site in my vehicle at least once a day for work purposes but don't fall into Criterion 3   | <input type="checkbox"/> |
| 5 Special circumstances*<br>(Please specify the nature of such circumstances below)  | <input type="checkbox"/> |

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**\*Please note if you are applying under criteria 5 your application will be considered by a 'Special Circumstances' Panel.**

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**WHAT TO DO WITH COMPLETED FORMS**

**Completed forms should be forwarded to your Manager for authorisation by an approved signatory.**

**Book an appointment with the SGH ID & Car Parking Department on extension 2291.**

**If you are applying under criteria 1, 2, 3, or 4 please take the authorised form with you when you attend to have your Security Identity Pass and/or car parking permit issued.**

**If you are applying under criterion 5 please inform the ID office when booking your appointment, as your application will need to be approved by the special circumstances group. The ID & Car Parking office may request this prior to your appointment so it can be authorised.**