

YORK TEACHING HOSPITAL FOUNDATION NHS TRUST

STAFF PARKING PERMIT APPLICATION FORM

I have previously been made aware and understand that, in respect of all posts advertised from 18 March 2002, new starters must satisfy at least one of the criteria in order to qualify for a permit for on-site parking at the York Teaching Hospital and Bootham Park sites.

I wish to apply for a permit to park on the York Teaching Hospital / Bootham Park site on the basis of meeting the following criteria (please tick all that apply):

Criteria	Please Tick
1 Disability <i>(I hold an official disabled badge)</i>	<input type="checkbox"/>
2 Shift Working <i>(Regular early and/or late working)</i>	<input type="checkbox"/>
3 Community Staff / Community Midwife / Specialist Nurse / Occupational Therapist / Physiotherapist <i>(Who undertake Home Visits as part of their daily working requirement)</i>	<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* <i>(Please specify the nature of such circumstances below)</i>	<input type="checkbox"/>

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

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.

Please complete the required information on next page.

WHAT TO DO WITH COMPLETED FORMS

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

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 your Manager should arrange to have the application authorised by an approved signatory and forward the form to Arthur Tomkins. Head of Security at Security Office. York Hospital. Once the Special Circumstances Panel have met the Security CP Office will contact you to let you know the outcome and where applicable arrange for you to come and pick up your permit.

Permits will only be issued if the information is complete and countersigned by an authorised signatory and where applicable the Special Circumstances Panel have given their approval.

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

Please confirm your parking area and method of payment – tick box below

York Hospital	<input type="checkbox"/>	Pay & Display	<input type="checkbox"/>
		Deduction from Salary*	<input type="checkbox"/>
Scarborough Hospital	<input type="checkbox"/>	<i>*Deduction from salary will require the completion of a form before issue of permit</i>	
Out of Hours Use Only	<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)

Job Title:

Department:

Directorate:

Signature

Date:

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