

**Appendix 4
APPLICATION FOR CAR PARKING PERMIT**

Please note that your application **must** be signed by your Director/ General Manager.



Employee Details:

Applicant Name: Designation:

Department: Base:

Shift Pattern: Contact Tel No:

On Call (Y/N) Hours if Part Time Employed by NHSGGC (Y/N) Permit Share (Y/N)

Email address.....

Car Details

Car 1: Make: Colour: Registration No:

Car 2 Make: Colour: Registration No:

Please Note: The following information will be used by the local permit allocation panel to determine your eligibility for a car-parking permit. Falsification of the information given may result in withdrawal of your permit application.

1. Are you registered Disabled? Yes No

If 'Yes', please provide a copy of your Disability badge

2. Are you required to move between Sites? Yes No

If 'Yes', how frequently? (N.B. a round trip from your base site counts as one visit). Fill in both as required.

Daily: Once per day More than once

Weekly: 1 - 3 4 - 7 8 - 10 11 - 14 15+

Reason for travel: Direct Patient Care Meetings Both

Transport of Equipment Other (please Specify)

Employee Signature _____ Signature of General Manager/ Director _____ Date _____

Print Names

Employee..... General Manager/Director

Notes to applicants

- Falsification of information provided may lead to application being rejected.
- All applications must be verified by the respective General Manager.
- All NHSGG&C Car Parking Policies and Procedures are subject to review.
- A £10 administration fee will be applied for the replacement of lost or stolen cards.
- The permit allocation panel will inform unsuccessful applicants in writing giving reasons for their decision and advising of appeals process. An appeal should be submitted in writing within 10 working days of receipt of panel's letter. Letter must include grounds for appeal. Any new information must be signed off by General Manager
- Members of staff who are 'blue badge' holders should include a photo copy of their disabled badge with their application form
- The procedures laid out in this document are subject to change in accordance with national and local policy and guidance.
- Parking permits are valid for a period of one year subject to the permit holder's circumstances remaining unchanged.
- Data Protection: By applying for a car-parking permit you are consenting to us collecting and storing certain personal data about you. This data will be used to provide the service applied for and may be stored by NHSGG&C to keep you informed of amendments to car parking policies, procedures or charges which may be of interest to you. This data will not be used other than in the normal course of car parking business and may be provided to a third party in relation to car parking management.

**Appendix 5
CAR PARKING PERMIT - MANDATE**



This form should be submitted with a completed car parking permit application form to the issuing office
In the event of the application being unsuccessful, this mandate will be destroyed.

Employee Details:

Applicant Name:	<input type="text"/>	Designation:	<input type="text"/>
Department:	<input type="text"/>	Base:	<input type="text"/>
Shift Pattern:	<input type="text"/>	Contact Tel No:	<input type="text"/>
Payroll No	<input type="text"/>	Date of Commencement	<input type="text"/>

If your basic salary is up to £10,000 per annum tick below:

I hereby agree to the deduction of £5.00 per month from my salary:

If your basic salary is between £10,001 and £30, 000 per annum tick below:

I hereby agree to the deduction of £25.00 per month from my salary:

If your basic salary is over £30,001 per annum tick below:

I hereby agree to the deduction of £40.00 per month from my salary:

Commencing on the date below until further notice.

If you are employed on a part time basis you will pay a rate proportional to hours.

Employee Signature

Date

**Appendix 6
CAR PARKING PERMIT**

CHANGE OF CIRCUMSTANCES



Should your circumstances change or if you wish to advise of a vehicle registration change, please fill in as appropriate.

Employee Details:

Applicant Name:	<input type="text"/>	Designation:	<input type="text"/>
Department:	<input type="text"/>		<input type="text"/>
Contact Tel No:	<input type="text"/>	Payroll No	<input type="text"/>
Cancellation/ Change date	<input type="text"/>		

Reason for Cancelling Permit:

I hereby wish to cancel the deduction of £ per month from my salary as of.....(Please note, cancellation will be granted when Permit and Fob/swipecard have been returned to the issuing office).

Old Vehicle Details:

Make	<input type="text"/>	Colour	<input type="text"/>	Registration Number	<input type="text"/>
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New Vehicle Details:

Make	<input type="text"/>	Colour	<input type="text"/>	Registration Number	<input type="text"/>
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Employee Signature Date

Appendix 7

FAILURE TO COMPLY WITH NHSGGC CAR PARKING POLICY AND CAR PARKING OPERATIONAL PROCEDURES

An Unauthorised Parking Notice will be issued for the following breaches of contract.

FAILING TO DISPLAY	
OFFENCE	ACTION
Falsifying or defacing ticket or permit	NOTICE TO BE ISSUED
Displaying out of date ticket or permit	NOTICE TO BE ISSUED
Ticket/permit incorrectly displayed	NOTICE TO BE ISSUED
Expired ticket or permit	NOTICE TO BE ISSUED
Incorrect parking/Not parked within a marked bay	NOTICE TO BE ISSUED
Failure to display a valid parking permit/pay & display ticket	NOTICE TO BE ISSUED

PARKING IN AN UNAUTHORISED AREA	
OFFENCE	ACTION
Cross Hatched Area	NOTICE TO BE ISSUED
Ambulance Bay	NOTICE TO BE ISSUED
Yellow Lines	NOTICE TO BE ISSUED
Obstruction	NOTICE TO BE ISSUED
Grass Verges	NOTICE TO BE ISSUED
Pavements	NOTICE TO BE ISSUED
Roadways	NOTICE TO BE ISSUED
Delivery Bays	NOTICE TO BE ISSUED
Car Park Entrances/Exits	NOTICE TO BE ISSUED
Drop Zones	NOTICE TO BE ISSUED
Parking in Disabled Bay without Permit	NOTICE TO BE ISSUED
Parking Other Than In A Designated Parking Bay	NOTICE TO BE ISSUED