

Application for Staff Car Parking Permit

Please complete the application form and email to wuth.carparkapplications@nhs.net

For office use only

Section A : Personal Details

Q1. Please fill in the following details.

Title Click or tap here to enter text. **Assignment No.** Click or tap here to enter text.

Forename Click or tap here to enter text.

Surname Click or tap here to enter text.

Address Click or tap here to enter text. **Post Code** Click or tap here to enter text.

Q2a Please indicate which Staff Directorate you belong to?

(Please put an 'x' in one box only)

Staff Directorate

| | |
|--------------------------|---|
| <input type="checkbox"/> | A&E |
| <input type="checkbox"/> | General Medicine |
| <input type="checkbox"/> | General Surgery/Urology |
| <input type="checkbox"/> | Medicine for the Elderly / Rehabilitation |
| <input type="checkbox"/> | Musculoskeletal Services |
| <input type="checkbox"/> | Wirral Services for Child Health |
| <input type="checkbox"/> | Women's Services |
| <input type="checkbox"/> | Learning and Development |
| <input type="checkbox"/> | Radiology |
| <input type="checkbox"/> | Theatre and Anaesthetics |
| <input type="checkbox"/> | Laboratory Medicine |
| <input type="checkbox"/> | Special Surgery |
| <input type="checkbox"/> | Operational Management |
| <input type="checkbox"/> | Pharmacy |
| <input type="checkbox"/> | Finance |
| <input type="checkbox"/> | E F & C |
| <input type="checkbox"/> | Other (Please specify) |

Q2b. Please write in below your usual department or ward where you are based

Click or tap here to enter text.

Q3. Where is your main work base?

Arrowe Park Clatterbridge Based at Both Sites

Q4. Do you live in accommodation at Arrowe Park Hospital?

Yes

No

Q5. In a typical week, which days do you normally attend work at your main workplace? *(your base in Q2 (Please put an 'x' in all that apply))*

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Q6. Please provide your usual start and finish times.

Start Time [Click or tap here to enter text.](#)

Finish Time [Click or tap here to enter text.](#)

Q7. Which days would you use your pass for car parking? *(Please put an 'x' in all that apply)*

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Q8. Are you a permanent or temporary member of staff?

Permanent **(Go to Q9)** Temporary

Q8a. If you are on a temporary contract what is the expected period of your employment?

(Please provide the month and year below)

From: [Click or tap here to enter text.](#)

To: [Click or tap here to enter text.](#)

Q9. Please indicate which of the following you normally work?

Only days

Only Night

Q10. Do you work for an external organisation?

Yes

No (Go to q11a)

Q10a. If Yes, please indicate who the external organisation is who you work for?

[Click or tap here to enter text.](#)

Section B: Application supporting information and vehicle details

Q11. Please tick where appropriate

| | |
|--------------------------|--|
| <input type="checkbox"/> | I have work related commitments requiring me to regularly leave and return to my main work base. |
| <input type="checkbox"/> | I live over 50 minutes travel time away from my place of work. |
| <input type="checkbox"/> | I live in an area with restricted or poor access to public transport. |
| <input type="checkbox"/> | I have a medical condition/disability meaning I rely on a car for transport to my place of work. |

Please indicate if there is any more supporting information which is not covered in Q11

Click or tap here to enter text.

Car Sharing

Q12. Do you currently car share for your journey to work (i.e. with someone else who would normally bring a car on site)?

Yes

No

Q12a. Would you be prepared to participate in an official car share scheme and register as a car sharer?

Yes

No

(If YES, an application form will be sent to you for completion.)

Vehicle Details (to be completed by all applicants)

Q13. Please give your vehicle details.

Registration No (Vehicle 1)

Registration No (Vehicle 2)

Note: A maximum of two vehicles can be specified on a single permit. However, only one vehicle may park at the hospital at any time.

Vehicle 1

Make Click or tap here to enter text. Model Click or tap here to enter text. Colour Click or tap here to enter text.

Vehicle 2

Make Click or tap here to enter text. Model Click or tap here to enter text. Colour Click or tap here to enter text.

Section C: Declaration

Q14. Applicants signature

I have read and understand the car parking procedures including eligibility criteria and conditions of use of parking permits. If I am issued with a permit I agree to adhere to the conditions of use and understand that abuse of these conditions may lead to the withdrawal of the permit (see note below)

Signed Click or tap here to enter text. Date Click or tap here to enter text.

Position/Title Click or tap here to enter text. Contact Number Click or tap here to enter text.

Q15. Management Statement.

This must be completed by Head of Department/Senior Line Manager before the application can be processed.

I can confirm that all the above information, including any details appended, which I have initialled, are correct:

Signed Click or tap here to enter text.

Date Click or tap here to enter text.

Name Click or tap here to enter text.

Contact Number Click or tap here to enter text.

Position Click or tap here to enter text.

Section C: Pay Deduction Details and Confirmation

Please note: If it can be shown that intentionally inaccurate information has been provided mislead and gain a permit for this applicant, the permit will be immediately withdrawn and action taken under the Trusts' Disciplinary Procedure. It should also be noted that staff use of the car parks will be monitored in appropriate circumstances (see staff privacy notice on the Intranet).

Completed forms should be emailed to wuth.carparkapplications@nhs.net

We will require evidence in the form of three documents with name and address of applicant.

Any fraudulent use of a parking permit or contravention of car parks will result in the permit being de-activated and disciplinary action taken. N.B. The issue and use of parking permits is governed by the published terms and conditions. Lost fobs will be subject to a replacement cost.

Section D: Blue Badge Holders

If you are the holder of a Blue badge you will automatically be allocated a permit and will NOT be required to make any payments for parking your vehicle in the hospital car parks.

We will require a copy of your blue badge to support your request, please include this with your completed form to allow your application to be processed.

Please note that the blue badge does not allow you to park anywhere and parking regulations will need to be adhered to. A fine will still be issued for illegal parking to a blue badge holder.