



Application Form for £10 pack of 3 X 1 Hour Parking Scratch Cards
(Therapy Services Patients Only)

PATIENTS FULL NAME: _____

ADDRESS: _____

POSTCODE _____ TELEPHONE NO: _____

VEHICLE REGISTRATION NO. _____ MAKE & MODEL OF CAR: _____

SUB—DEPARTMENT _____ PATIENT NUMBER _____

APPLICANTS DECLARATION

I confirm the information supplied above is correct. If any of the information is found to be incorrect the parking scratch cards will be invalid and withdrawn.

Signed _____ Print Name _____ Date _____

FOR COMPLETION BY AUTHORISED SIGNATORY FOR DEPARTMENT

I confirm the information supplied by the applicant is correct and they are eligible to purchase a £10 pack of 3 X 1 Hour Parking Scratch Cards.

Signed _____ Name in Capitals _____

Job Title _____ Date _____

Once validated by the department, purchase a £7 Weekly Ticket from any of the Pay and Display machines. (The machines only accept coins and card payments). Take this ticket and your signed form to the member of staff in the blue Car Park Kiosk located in the main car park (Gate C). You will then be issued with 3 X 1 hourly scratch cards for you to display in your vehicle. This service is available 7.30am - 6pm, Monday to Friday.

PLEASE NOTE THE SCRATCHCARDS ARE NOT AVAILABE FOR PURCHASE FROM THE CASHIER OFFICE.

Notes for Applicant and Department

The purchase of a scratch card does not guarantee a parking space on the patient and patient visitor car parks. Parking is subject to the Trust’s Parking Terms and Conditions to all vehicles entering the Trust’s Car Parks. A scratch card ticket must be visible at all times, with the time of arrival indicated when parking in the Trust’s Car Park. If the card is displayed and an arrival time is not indicated, a Parking Charge Notice may be issued. Unused scratch cards are not refundable.

Cashier Processing

Amount Received _____ Issued By _____

Ticket Numbers _____