



Weekly Car Parking £10 Concessionary Pass Application Form

(Oncology and Paediatric Patients only)

FULL NAME: _____

HOME ADDRESS: _____

POSTCODE _____ TELEPHONE NO: _____

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

DEPARTMENT / WARD _____ PATIENT NUMBER _____

APPLICANTS DECLARATION

I confirm the information supplied above is correct. If any of the information is found to be incorrect the parking pass will be withdrawn.

Signed _____ Print Name _____ Date _____

FOR COMPLETION BY WARD MANAGER / AUTHORISED SIGNATORY FOR DEPARTMENT

I confirm the information supplied by the applicant is correct and they are eligible to purchase a weekly concessionary £10 parking pass.

Signed _____ Name in Capitals _____

Job Title _____ Date _____

Once validated by the Ward Manager, purchase a Weekly Ticket from the Pay and Display machines. Take this ticket and your signed form to the member of staff in the Car Park Kiosk (situated next to the Motorbike Parking). Another ticket will be issued for display in your vehicle. This service is available 7.30am - 6pm, Monday to Friday.

Alternatively, take this form and payment to the Cashiers Office and a ticket will be issued. This service is available Monday – Thursday, 10 am – 2 pm and Friday, 10 am – 1 pm.

Notes for Applicant and Department/Ward

The purchase of a concessionary ticket does not guarantee a parking space on the patient and patient visitor car park. Parking is subject to the Trust’s Parking Terms and Conditions to all vehicles entering the Trust’s Car Parks. The concessionary ticket must be visible at all times when parking in the Trust’s Car Park. The Trust has a limited number of concessionary passes, so availability cannot be guaranteed.

Cashier Processing

Amount Received _____ Period Pass issued for _____

Issued By _____ Ticket Number _____ Receipt No. _____