



**Monthly Car Parking £50 Concessionary Pass Application Form**

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 If any of the information is found to be incorrect the parking pass will be withdrawn.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 monthly concessionary £50 parking pass.

Signed \_\_\_\_\_ Name in Capitals \_\_\_\_\_

Job Title \_\_\_\_\_ Date \_\_\_\_\_

**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 every vehicle 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 amount of concessionary passes available. The availability of a concessionary pass cannot be guaranteed.

Completed forms to be taken to Cashiers Desk (1st Floor in Outpatient Department), Monday—Thursday, 10am—2pm and Friday, 10am—1pm.

**Cashier Processing**

Amount Received \_\_\_\_\_ Period Pass issued for \_\_\_\_\_

Issued By \_\_\_\_\_ Ticket Number \_\_\_\_\_