



# HONORARY CONTRACT CAR PARKING PERMIT APPLICATION FORM

PLEASE USE BLOCK CAPITALS. COMPLETE ALL SECTIONS AND TICK APPROPRIATE BOXES.  
ANY FORM NOT FILLED IN CORRECTLY WILL BE RETURNED

## A. PERSONAL DETAILS

TITLE:	<input type="text"/>	FIRST NAME:	<input type="text"/>	PAYROLL No.	<input type="text"/>
SURNAME:	<input type="text"/>			TEL. EXT.	<input type="text"/>
JOB TITLE:	<input type="text"/>			MOBILE No.	<input type="text"/>
DEPARTMENT:	<input type="text"/>	HOSPITAL EMPLOYED BY	<input type="text"/>		

PARKING FREQUENCY: Weekly (once/twice) Monthly (once/twice) Please specify:

## B. WHICH TRUST WILL BE USED AND PARKING DEDUCTION INFORMATION:

1) UHBFT:	<input type="checkbox"/>
2) BWFT:	<input type="checkbox"/>
Do you pay for parking with another trust?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## C. VEHICLE DETAILS (Maximum of 2 vehicles)

Vehicle Reg. No:	1. ....	2. ....
Make of Car:	.....	.....

## D. PAYMENT DETAILS

YOU ARE REQUIRED TO PAY A £10.00 DEPOSIT FOR A PERMIT WHEN SUBMITTING THIS APPLICATION FORM. DEPOSITS WILL ONLY BE RE-FUNDED ON RETURN OF THE CAR PARKING PERMIT AND PRODUCTION OF A VALID RECEIPT THE POLICY OF 'NO RECEIPT NO REFUND' IS STRICTLY ENFORCED.

## E DECLARATION

I hereby declare that I have read, understood and agree to the conditions outlined overleaf. I accept that contravention of these conditions may result in cancellation of the permit/pass and withdrawal of parking rights. I also authorise deductions to be made from my salary for the permit/pass and agree to any increases as may be notified from time to time.

SIGNED ..... PRINT NAME ..... DATE .....

Please ensure that your Head of Department or General Manager has authorised this application form in section 'F'. All application forms must be handed in person to the relevant Q-Park office at either Selly Oak or Queen Elizabeth Hospital. For any queries please ring Q-Park on ext. 6399 or 52652.

## CONDITIONS FOR PARKING

(PLEASE READ THESE CONDITIONS BEFORE YOU SEND OFF FOR YOUR PERMIT)

1. I understand that the permit/pass is for my personal use only and it must not be given to, or used by, anyone else.
2. I will return the permit to Q-Park when I cancel this agreement and/or leave the University Hospital Birmingham NHS Foundation Trust.
3. I understand that the permit/pass will be renewed unless I leave employment with the relevant Trust or advise Q-Park that I do not agree to this. (This applies to employees on 'Payroll' only).
4. I will notify Q-Park promptly of any change in my personal circumstances, access requirements or details of my vehicle(s).
5. I understand that I must abide by the University Hospital Birmingham Foundation Trust/Birmingham Women's Foundation Trust / Birmingham & Solihull Mental Health Foundation Trust's Car Park Management Operational Policy, refraining from unauthorised parking and the use of spaces assigned for public parking unless prior arrangement is made specifically with Q-Park, in accordance with the car parking policy.
6. In the event that I contravene these Conditions for Car Parking, I am aware that I could forfeit the privilege of being able to park on site and that my permit/pass, in consequence, be cancelled.
7. I will report the theft or loss of my permit/pass immediately to the Car Park Manager at Q-Park and I understand that I will have to pay for a replacement pass card.
8. The Trusts and Q-Park cannot accept liability for any loss or damage caused to any vehicle or its contents whilst parked on hospital premises.
9. Upon leaving the Car Parking Scheme I agree to settle all outstanding car parking infringement notices that I may have received.

### F AUTHORISATION

#### FOR COMPLETION ONLY BY AUTHORISED MANAGER\*

**I authorise the issue of a parking permit/pass in accordance with the details entered by the applicant.**

**Signed:** ..... **Date:** .....

**Name in Capitals:** ..... **Designation:** .....

\* Authorised manager for UHBFT & BSMHFT is the relevant Head of Department. For BWFT the authorised Manager is the Head of Facilities

#### FOR OFFICE USE ONLY (Q-PARK)

**Amount Paid** .....

**Payment Type** ..... **Receipt No.** .....

**Start Date** ..... **Location of collection** .....

**Expiry Date** ..... **Pass Card No.** .....

**Date of receipt of application** ..... **Permit No.** .....