

Appendix 2

APPLICATION FOR PARKING PERMIT

Completion by New Employee

Are you BANK or AGENCY staff? If YES, please contact Car Parking Services. (Do not complete this form)	
Which site do you want the permit to be held on. This is the site that you spend over 50% of your time: Royal Blackburn Hospital or Burnley General Hospital	
Title	
Forename (s)	
Surname	
Job Title	
Department	
Mobile Number	
Ward/Department Tel Number	
Hours per Week	
Employer (ELHT or alternative. Please State)	
Vehicle Details	
Make of Car	
Car Registration	
Are you registered disabled	
Completion by Employment Services	
Assignment Number	
Contracted Hours per Week	
AUTHORISED BY	
I hereby authorise the deduction of £ : _____ from my monthly salary (in arrears) in respect of car parking provided by the Trust with effect from _____	
I also agree that, subject to proper notification, any increase in charges may automatically be deducted from my wage / salary. I understand that any suspicions of evasion of car parking fees by staff will be referred to the Trust Local Counter Fraud Specialist.	
Applicants Signature: _____	
I confirm that the information I have given is correct and to the best of my knowledge.	
Please note the Trust and its Agents accept no responsibility for any damage to or theft from vehicles whilst parked within the site boundaries.	
PERMIT NUMBER: _____	