

Car Parking Permit Application Form

Please complete the shaded areas where applicable and return to: - Car Parking Office, Main Entrance Hartshead South, or email to: parkingpass@tgh.nhs.uk

Personal Details:									
Title		First Name		Surname					
Job Title				Ward/Dept.					
Work Tel				Payroll No.					
Work Bleep									
Payroll No.									
Pay Band									
Shift Patterns		Days		Nights Only		Days & Nights		Agile (Home working)	
Blue Badge Holder		Issue number and Date:		Contracted Hours of work					
Agile Working Detail home / work split in days/hours.		Work	Days		Managers Verification	Name			
			Hours						
		Home	Days			Signature			
			Hours						
<b style="color: red;">I agree to the deduction of the permit fee from my salary (Please tick)									
Vehicle Details:									
Make / Model									
Registration									
Colour									
Please ensure you advise the car parking office as soon as possible if you change your vehicle.									
Signature & Authorisation									
<b style="color: red;">Please sign below in acceptance of the following in relation to your car parking permit: In submitting this application I hereby acknowledge that the Trust are not insurers of my vehicle whilst it is parked upon their premises, and that in parking the vehicle on site whether it be pursuant to this licence or otherwise, I do solely at my own risk and Tameside & Glossop Integrated Care NHS Foundation Trust will not be responsible for any loss or damage.									
Print Name				Date					
Applicant's Signature									

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