

OFFICE USE:

STAFF PERMIT APPLICATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS. INCOMPLETE OR ILLEGIBLE INFORMATION WILL DELAY YOUR APPLICATION AND COULD RESULT IN A PCN.

- IF ANY OF THESE DETAILS CHANGE AT A LATER DATE, IT WILL BE YOUR RESPONSIBILITY TO INFORM US.
- BY COMPLETING THIS FORM, YOU ARE AGREEING TO THE TERMS AND CONDITIONS OVERLEAF.

*Surname:	*Title:	*Forename(s):
*Email:	*Mobile:	
*Department / Work Location:	*Bleep/Ext.	
*Car Reg 1:	Car Reg 2:	
Please circle the registration of any vehicles that are ELECTRIC.		
*Home Address:	*Post Code:	
Use the address you are commuting from. If your home address has a GU1 or GU2 postcode , please attach your appeal explaining your reasons for driving to work. We will contact you to confirm whether your appeal has been successful.		
*Do you consent to us sharing your email address with other staff members in your area, with a view to car sharing? Yes <input type="checkbox"/> No <input type="checkbox"/>		
*Line Manager's Email:	*Your first day on site:	
*PAID EMPLOYEES – WAGE PAYMENT INFORMATION		
ROYAL SURREY PAYROLL If you are paid directly by this Trust (via ESR)	<input type="checkbox"/>	Assignment / Employee / Payroll No: _____ (8 digits long – this can be found on your contract or payslip)
NHS PARTNER EMPLOYEES If you are paid by a different company / Trust	<input type="checkbox"/>	Name of Company / Agency / Other Trust: _____ (eg. Medirest, Daywebster, Frimley Park Hospital etc.)
*PAID EMPLOYEES – CONTRACT TYPE		
PERMANENT / SUBSTANTIVE CONTRACT	<input type="checkbox"/>	ZERO HOUR CONTRACT (Bank / Locum / Agency) <input type="checkbox"/>
Weekly contracted hours: _____	Have you consistently worked 3+ days weekly for 3+ months? <input type="checkbox"/>	
*OTHER – Evidence may be required if you tick below. TICK HERE IF NONE OF THE BELOW APPLY <input type="checkbox"/>		
PREVIOUS APPLICATION SUBMITTED Since the renewal in 2019, have you had an RSFT permit? Have you applied before?	<input type="checkbox"/>	A2 DOMINION TENANT & STAFF MEMBER Staying long term in Trust Accommodation <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	ALREADY PAYING For parking at another Trust Name of Trust: _____
PRIORITY PARKING REQUIRED Limited capacity in Essential User's Car Park at back of site– see Black Permit section overleaf for more information	<input type="checkbox"/>	A2 DOMINION TENANT – NOT STAFF Staying long term in Trust Accommodation, but not paid to work at the Royal Surrey hospital. <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	BLUE BADGE HOLDER (Please attach a picture of the front and back of your blue badge)
TRUST GOVERNOR	<input type="checkbox"/>	NON-EXEC DIRECTOR <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	HONORARY CONTRACT <input type="checkbox"/>
VOLUNTEER	<input type="checkbox"/>	APPRENTICESHIP CONTRACT <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	ON SITE ONLY FOR SECONDMENT <input type="checkbox"/>
ON-CALL ONLY If you do not work any pre-planned shifts	<input type="checkbox"/>	UNPAID STUDENTS: (Please attach evidence eg. Student card scan, or course acceptance letter)
<input type="checkbox"/>	<input type="checkbox"/>	Placement start date: _____ Placement end date: _____
CAR SHARER	<input type="checkbox"/>	Please provide name and contact No. of your sharer: _____
If you have identified a colleague to share 1 permit with _____		

Please read the terms and conditions overleaf, sign the declaration and email to rsch.carparkingpermits@nhs.net or hand in the completed form to the Parking Office near main reception (Level B, opposite Costa).

Permit Types

YELLOW / BLUE:	For Trust employees. Valid for use in any staff parking areas.
GREY:	For Bank / Locum employees. Must be displayed with a scratch card. No refunds can be given for purchased scratch cards. Substantive staff may also purchase scratch cards for occasional use. Valid for use in any staff parking areas.
PURPLE:	For NHS Partner employees. Must be displayed with a valid Proof of Payment (POP) card. These staff are required to pay directly for their permits. Valid for use in any staff parking areas.
PINK:	For Residences parking and students. All residents must provide proof of residence from the A2 Dominion Accommodation Office. Valid for use in any staff parking areas.
GREEN:	For Car sharing employees. Vehicles must be parked in the designated Car Sharing parking bays.
ORANGE:	For Volunteers / Trust Governors / Non-Executive Directors / Honorary Contract Holders. Valid for use in any staff parking areas.
RED:	For Trust employees that ONLY required to attend the site outside of normal working hours (17:00-08:00). Anyone who also works regular shifts will be granted a yellow permit. Valid for use in any staff parking areas.
BLACK:	For Trust employees who regularly leave the site and require quick access to a parking space when they return. Valid for use in the Barrier Car Park; limited availability – approval dependent on criteria questions. Staff may be placed on a waiting list if the Barrier Car Park is full at the time of their application.

Terms & Conditions of Parking Permit

1. I understand that I must notify the Travel Plan Office no later than the **3rd of the month** if I wish to cancel my permit and have my deductions ceased that month. This includes removal from the payroll list due to long term leave such as **sickness or maternity leave**. Failure to do so will result in a charge for the full month being levied.
2. I understand that I **must not park in any Visitor parking area, outside of marked bays or within designated reserved spaces** (unless approved) at any time, and to do so will place me at risk of receiving a penalty notice.
3. I understand that I **must not obstruct** any entrances or exits to buildings, parked cars, roads or emergency vehicles / within any restricted areas (eg. within hatched lines) / anywhere impeding the work of the hospital / in disabled bays without displaying a valid Government issued blue badge. To do so will leave me at risk of receiving a penalty notice.
4. I understand that **any penalties can be appealed only by the parking contractor**; only the Chief and Deputy Chief Executive Officers will have authority to over-ride this process.
5. I understand that I **must not drive at excessive speeds across site**; this will be monitored by the parking contractor regularly.
6. I understand that it is **my responsibility to check when my permit expires** and it is my responsibility to renew it.
7. I agree to pay a **£5.00 fee for a lost / replacement permit**, and £10.00 for a replacement barrier pass.
8. I understand that the permit is for my **personal use only** and must not be used by anyone else.
9. I understand that by signing this form, I authorise Royal Surrey Hospital NHS Foundation Trust to **deduct parking charges directly from my payroll** and that any outstanding balance will be deducted in the next available pay period (applicable to NHS employees paid by the Trust only).
10. I will **return the permit** to the Travel Plan Office / Level B Parking Office **within 48 hours** when I cancel this agreement with the Royal Surrey Hospital NHS Foundation Trust.
11. Permits (with the exception of grey permits / scratch cards) are payable in whole months only, and **payment in part is not permitted**.
12. I understand that my permit **does not guarantee a parking space** will be available in the RSFT staff car parks.
13. I will notify the Travel Plan Office of **any change in my personal circumstances** relating to requirements for access or details of my vehicle, in line with the Trust Car Parking Policy.
14. I understand that I park at the Royal Surrey Hospital NHS Foundation Trust's facility **at my own risk**.
15. I will **immediately report** any loss by theft or damage as well as adverse incidents within any Trust car park.
16. I understand that I must abide by Royal Surrey Hospital NHS Foundation Trust's rules and regulations for parking, as detailed in the **Trust Car Parking Policy**. I will follow the car parking signage.
17. I understand that my entire permit (and scratch card / POP as applicable) **must be clearly displayed at all times** at the bottom of the passenger side of the windscreen and that failure to do so will result in a parking charge notice. **Scratch cards and POP cards are non-refundable**.
18. I understand that **parking rules are ever-changing due to the nature of a developing site; I will follow signage / communications that come through the proper channels**; parking staff cannot be held responsible for my decision to follow outdated information from other staff members.
19. I understand that if I receive **two parking charge notices** within the period of a year, my permit may be cancelled and I will no longer be authorised to park on Trust property.
20. I agree to **pay any parking charge notices** that are issued. Failure to do so may result in the loss of the parking permit. I understand that if I receive 3 penalty charge notices, **the matter will be referred to HR** and may be subject to disciplinary action.

Declaration and Applicants Signature:

I declare that I have read and agree to the conditions outlined above. I understand that contravention of these conditions may result in the cancellation of my permit and I will no longer be authorised to park my vehicle on Trust property.

Signature:.....Date:.....