



ACCESSIBLE PARKING APPLICATION FORM

Complete this form if applying for a Category A accessible car parking permit

Criteria for assessment		Answer	Applicant's Assessment (OH/Office use only)
Please do not tick more than one box.			
1a	Are you a disabled blue badge holder? <i>Please attach copy of blue badge certification.</i>	yes <input type="checkbox"/>	
1b	Do you have a permanent mobility impairment, although you are ineligible for a blue badge? <i>Please arrange for your GP to complete the attached form.</i>	yes <input type="checkbox"/>	
1c	Do you have a temporary mobility impairment? <i>Please arrange for your GP to complete the attached form.</i>	yes <input type="checkbox"/>	
	If 1b or 1c please provide Date of Birth for use by University staff. <i>University staff cannot process your application without this information.</i>	

Application to apply for an accessible parking permit. <i>Please complete all details below</i>				Applicant's Assessment (OH/office use only)	
Are you: <i>(Please tick those that apply and complete total hours per week worked, if you are full time there is no need for you to complete total hours per week)</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Full Time	Part Time	Term time only	Total hours per week
<i>This information will be checked with the payroll office</i>					
If you are part time or only work for part of the year e.g. term time only, please indicate your working pattern.					
Monday	Tuesday	Wednesday	Thursday	Friday	
Start:	Start:	Start:	Start:	Start:	
Finish:	Finish:	Finish:	Finish:	Finish:	

For Office use only	
Blue Badge details	
University assessment completed in compliance with Equality Act as well as the University's Positive Working Environment Policy	Signature.....Date..... Date for next review.....