

# Staff Parking Permit Application

Proforma letter from medical practitioner  
to confirm caring status



## Instruction to parking permit applicant:

- Complete Section 1
- Ask medical practitioner to complete Section 2 (Note: you will be responsible for paying any administration fee they may charge)
- Save completed electronic form (or scanned version of hard copy) to your computer
- Upload file to the supporting documents section of your permit application on the permit management website.

## Section 1 To be completed by the Applicant

Applicant full name

Applicant telephone  
number or email

Applicant home  
postal address,  
including postcode

Dependent full name

Dependent home  
address, including  
postcode

Relationship of applicant  
to dependent (e.g. parent,  
child, grandparent)

Details of caring  
responsibilities, including  
frequency and times when  
required to travel

# Section 2 To be completed by the medical practitioner

You are being asked to confirm that a member of staff at the University of Bristol has daily caring responsibilities for the patient named in Section 1 of this form.

This information is required to support the member of staff's application for a University parking permit. All information will remain confidential.

Please tick

Please tick to confirm that the applicant has caring responsibilities for the dependent named above.

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Signature of GP/  
Consultant

GP/Consultant  
Name

GP/Consultant  
Registration No  
(GMC number)

Date

Stamp of GP Practice/Consultant