**APPENDIX G: Hospital Travelpass**

**Staff Travelpass & Travelpass plus Application Form**

Please complete all the following information boxes on this form and read all the associated terms and conditions.

**PLEASE COMPLETE IN CAPITAL LETTERS.**

Title: Mr Mrs Ms Dr Revd Other (please tick)

Full Name:

Date of Birth:

Job Title:

Employee Number: (code on wage slip)

Employer:

Department Name:

Telephone number:

Full Home Address:

Postcode:

Please tick the option required.

I wish to apply for a:-

**Hospital Travelpass** (Urban Swindon)

**Hospital Travelpass Plus** (Urban Swindon + outlying areas)

I would like to pay on a regular basis by:-

**Payroll deductions**  (Great Western Hospitals NHS Foundation Trust)

**Cash** / **cheque** / **debit card** / **credit card**

Password – required to replace lost travel passes (max 12 letters)

**Agreement to Terms and Conditions of the Great Western Hospitals NHS Foundation Trust’s Staff Hospital Travelpass scheme and Mandate authorising deductions from payroll in respect of use of the pass.**

1. I have read and understood the complete Terms and Conditions contained in the Travel Choices Policy.
2. I hereby give my consent for the appropriate sums to be deducted from my salary on a pro rata basis each month until the price of each pass issued to me has been paid in full.
3. I understand the first instalment to be deducted will be for two months pass usage.
4. I understand that I am agreeing to participate in an annual scheme and will be expected to remain a member for this period. If I decide to leave the scheme I will be eligible to pay extra costs in relation to the length of time within the scheme (pro rata costs).
5. I understand that a Hospital Travelpass is valid for 12 months from first use and that it cannot be adjusted or transferred.

**Full terms and conditions below.**

Signed:

Print Name:

Date:

Please send via email, internal or external post to:

**Car Park Administrator**

**(Hospital Travelpass Scheme)**

**Commonhead Offices**

**The Great Western Hospital**

**Marlborough Road, Swindon SN3 6BN**

[Parking.admin@gwh.nhs.uk](mailto:Parking.admin@gwh.nhs.uk)

**What happens next?**

Once you have completed the form return it to the scheme co-ordinator, at the above address. We will notify you by post when your application has been processed.