# APPENDIX J: Standard User Application Form

**Office Use Only- Date Received –**

Applicant Number:

Handled by (Initial):

Status:

Notes:

**Terms and Conditions of use and Application Form to obtain a Great Western Hospital Standard Barrier Pass:**

1. Great Western Hospital Standard Barrier Pass remains the property of Great Western Hospitals NHS Foundation Trust at all times.
2. Barrier passes must not be transferred between individuals.
3. Passes may be used on the site to park in recognised standard staff parking areas at the Great Western Hospital.
4. Holders of a standard barrier pass must notify the Parking Administrator of any changes in their circumstances that may affect their eligibility immediately.
5. Damaged barrier passes should be returned to the Parking Administrator- there may be a discretionary £5 for the new pass.
6. Lost passes can be replaced by the Parking Administrator for a £5 charge Payable at the cashier’s office.
7. The address used for your application must be the address that you commute from on a daily basis proof of address may be required.

**Instructions to Applicants:**

* Apply only if you believe that you are eligible under the Trust’s Policy and criteria as detailed in the Travel Choice Policy.
* The information that you provide is essential for making a decision on any application. It will only be used for these purposes.
* Where indicated please either tick the appropriate box or enter the required information **clearly** in BLOCK CAPITALS and in either blue or black ink **(illegible submissions will be returned).**

**Personal Information**

(Please Tick Accordingly)

|  |  |
| --- | --- |
| **New Applicant:** | **Renewal:** (Please Enter Old Card Number) |

**Title: (Mr / Mrs / Ms / Dr / Revd/Other) (please delete as appropriate)**

**Forename(s):**

**Surname:**

**Place of residence whilst working at GWH:**

|  |  |
| --- | --- |
| **Telephone Number:** | **Email:** |

**Postcode:**

(It is essential that you provide your *full* and *correct* postcode)

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer or Sponsor (please tick)** |  | **Staff Base** |  |
| Great Western Hospitals NHS Foundation Trust |  | Great Western Hospital |  |
| Carillion Services Limited |  | Orbital |  |
| Avon and Wiltshire Mental Health Trust |  | SwICC |  |
| Oxford Brookes University |  | Victoria Centre |  |
| University of West of England |  | New Radiotherapy Centre |  |
| Other NHS Trust (indicate below) |  | Community Site (please state) |  |
| .............................................................................. |  | ................................................................ |  |

|  |  |
| --- | --- |
| **Job Title** |  |
| **Department / Section** - (This will be used for correspondence and issue of your pass, please be specific) |  |
| **Number of days on site each week -** (please use an average if this alters) |  |

**Appeals**

Do you wish your application to be presented to the Transport Appeals Board if application is declined? **Yes / No**

(If yes we may contact you for more information)

**Permit Criteria Qualification: Living Inside or outside the zone**

Please state criteria through which you qualify for a permit. For example, if you live *outside* the 30 Minute Zone please tick in box A and provide full postcode. If you live *within* the zone or outside the zone and fall under criteria B, C, D or E please tick corresponding box and provide supporting evidence.

|  |  |  |
| --- | --- | --- |
|  | **Tick** | **Please describe supporting information or documents that you have attached with your application, e.g. proof of child’s age, on call rota, etc.** |
| **Criteria A** |  | **Postcode:** |
| **Criteria B** |  | **Any member of staff not working normal daytime hours:** Please provide copy of latest off duty rota (regular start of shift before 630am and/or finishes after 1900) |
| **Criteria C** |  | **Medical Condition or Disability:** Please provide covering letter from Occupational Health or GP |
| **Criteria D** |  | **Care Commitments:** Please provide school/child care addresses and ages of children. |
| **Criteria E** |  | **Community Based Staff:** Please provide evidence of this. (Staff defined as entering and leaving site on a regular basis throughout a day to attend other places). |

**Applicant Signature**

I have read the Travel Choice Policy including eligibility criteria and conditions of use for barrier pass and have understood them. If I am issued with a barrier pass I agree to adhere to the conditions of use and I know that abuse of these conditions may lead to withdrawal of the permit and disciplinary action may be taken against me.

**Signed: ……………………………………........ Date: .........................**

**Management Statement**

(This must be completed and signed by the applicant’s deputy general manager or equivalent before the application can be processed.)

**Form submitted that are incomplete will be returned to the Line Manager**

I confirm that all the above information, including appended information or documentation, all of which I have initialled, is correct:

**Signed: ................................................… Date: .......................Tel Ext. No: ........................**

**Name (in capitals): Position: ............................................................**

**............................................................... Location: ............................................................**