# APPENDIX 8: Priority Users Application Form

**Office Use Only- Date Received – Stamp Here:**

Applicant Number:

Handled by (Initial):

Status:

Notes:

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

Terms and Conditions

1. Great Western Hospital Priority Barrier Pass shall remain the property of Great Western Hospitals NHS Foundation Trust at all times.
2. Barrier passes may not be transferred between individuals.
3. Barrier passes may be used at the hospital to park in recognised Priority and Standard Staff parking areas at the Great Western Hospital.
4. Holders of a Priority 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, who will replace the pass with the remaining credit- there may be a discretionary £5 for the new card.
6. Lost barrier passes can be replaced by the Parking Administrator for a £5 charge payable at the cashier’s office in the main hospital.

**Instructions to Applicants**

1. Please apply only if you believe that you are eligible under the Trust’s Policy and criteria as detailed in the Travel Choice Policy.
2. The information that you provide is essential for making a decision on any application. It will only be used for these purposes.
3. 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**

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

Forename(s):

Surname:

Home address:

Postcode:

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer or Sponsor (please tick)** |  | **Staff Group** |  |
| Great Western Hospitals NHS Foundation Trust |  |  |  |
| NHS Wiltshire |  | Medical & Dental |  |
| NHS Swindon |  | Nursing and Midwifery |  |
| GP Practice (Please name) |  | Technician |  |
| Avon and Wiltshire Mental Health Trust |  | Scientist |  |
| Other NHS Trust (indicate in ‘Other’) |  | Other (please name):  ……………………………………………… |  |
| Other (please name):  ………………………………………………………… |  |  |  |

|  |  |
| --- | --- |
| Job Title |  |
| Department / Section (This will be used for correspondence and issue of your barrier pass – please be specific) |  |

**Applicant Signature**

I have read the Travel Choice Policy including eligibility criteria and conditions of use for a 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 Associate Medical Director or Medical Director Equivalent before the application can be processed.)

**Form submitted that are incomplete will be returned**

I confirm that all the above information is correct and I agree that this person meets the criteria for a priority barrier pass:

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

Name (in capitals): Position:

Location: