



Assessed Needs car parking medical evidence form

Private & Confidential

De Montfort University, Disability team Tel: 0116 2577595 (Option 1) Email: nmh@dmu.ac.uk

To whom this may concern,

Re: Medical Assessment for a DMU Assessed Needs Permit

Your patient is a student at De Montfort University and has applied for a DMU Assessed Needs Parking Permit that would allow use of DMU owned and operated disabled parking spaces around the university. Parking on campus is very limited and it is, therefore, university policy that disabled spaces are only to be used by Local Authority Blue Disabled Badge holders, or by DMU students who hold a DMU Assessed Needs Permit, after satisfying the following criteria:

- The person has a medical condition, disability or restricted mobility that means that they are unable to walk more than short distances e.g. 100 metres, and require access to a parking space as near as possible to their workplace or building.
- There is another medical condition, or reason related to health, why they cannot use public transport, park on public roads and / or walk from other university or private car parks to reach their workplace.

It is university practice to ask each applicant for a report from their General Practitioner in pursuit of their application for a DMU Assessed Needs Parking Permit. Each form will be assessed by the university's appointed Disability service provider and will remain confidential.

Please complete the attached form.

Note: any permits issued will be for a maximum of 12 months, or until the end of the permit year (the 31st of August each year), whichever is sooner, and that is no guarantee of a parking space for the holder. All DMU parking spaces are accessed on a first-come-first- served basis only.

Thank you.

Yours faithfully

Non-Medical Coordinator, De Montfort University

General Practitioner Questionnaire

Please tick which of the following criteria is applicable to your patient:

	<p>The patient has a medical condition and / or disability and / or impaired or restricted mobility.</p> <p>This means that they are only able to walk short distances e.g. 100 metres, and require access to a parking space as near as possible to their place of study or building.</p> <p>Please provide details below:</p>
	<p>There is another medical condition, or reason related to health, why your patient cannot use public transport, park on public roads and/or walk from other private car parks to reach their place of study. (How does the condition impact on their day to day life?)</p> <p>Please provide details below:</p>
	<p>Neither of the above criteria applies – Please provide information about your patient’s condition and how this impacts on their day to day life:</p>

Patient Name	
Please specify how many weeks/months the permit will be required for:	Please note: (A maximum of 12 months or until the end of the current permit year, 31 st August will be approved) Thereafter, further medical evidence will be required.

General Practitioner (GP) Declaration

The above named patient has agreed that this form will be sent confidentially to DMU's Disability Services provider, for the purposes of assessing their need for a DMU Assessed Needs Parking Permit. It is understood that no permits guarantee a parking space.

Date	
GP's name	
GP's signature	

Stamp of GP Practice or Health Centre

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Patient/student Declaration

I declare that this information is true and accurate.

Date	
Student's name	
Student's signature	