|  |  |
| --- | --- |
|  | Assessed NeedsCar Parking Application Form |

For members of staff who wish to apply to park at De Montfort University, but who do not have access to the car parking tile on the DMU Hub. **Please do not use this form as an alternative to apply via the DMU Hub**; members of staff found to be doing this will have their form returned.

**About the Assessed Needs Parking Permit**

This permit type is intended to be available for applicants with acute medical conditions / injuries / recovery periods where there has been a clear trauma or significant illness, and where the applicant is not eligible for a Local Authority Blue Badge. Assessed Needs permits will be valid for a maximum of 12 months (or until the end of the current permit year, whichever is sooner). Should the applicant continue to meet the Assessed Needs eligibility criteria then they will need to re-apply for a DMU Assessed Needs permit for the new permit year. If the relevant need becomes permanent then it is recommended that the applicant consider applying for a Local Authority Blue Disabled Badge, information for which will be available from the Local Authority in the area in which you live.

**Assessed Needs Parking Permit Eligibility**

To be eligible, the applicant must have a medical condition which restricts mobility, meaning that the applicant’s mobility is restricted to short distances (e.g. less than 100 metres), and therefore requires access to a parking space as near as possible to their workplace or building. This could also include a medical condition or health impediment whereby the applicant cannot use public transport, park elsewhere and / or travel from other university or private car parks to reach their workplace or building. Staff or students with pregnancy related medical conditions outside of the third trimester must evidence the medical condition associated with their pregnancy in line with the definition above. Staff in the third trimester of their pregnancy can also apply for a building specific parking permit.

# Applicant Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | | | | |
| Forename |  | | | | |
| Surname |  | | | | |
| Faculty / Directorate |  | | | | |
| Payroll number |  | | | | |
| Job title |  | | | | |
| Contract type | Permanent |  | Fixed date |  | If fixed, end date: |
| Email address |  | | | | |
| Home address |  | | | | |
| Postcode |  | | | | |
| Work telephone number |  | | | | |
| Mobile number |  | | | | |

# Payment Details

|  |  |
| --- | --- |
| **Please select your preferred method of payment:** | |
|  | Pay & Display |
|  | Pay in advance\* |

\*Please note selecting ‘Pay in advance’ will require you to pay via the DMU Store.

|  |  |
| --- | --- |
| **Please select the payment tier which applies to you:** | |
|  | **Tier 1.** Staff with an annual gross salary up to the top of Grade D  £120 per annum (£10/month) |
|  | **Tier 2.** Staff with an annual gross salary above the top of Grade D and up to the top of Grade G  £240 per annum (£20/month) |
|  | **Tier 3.** Staff with an annual gross salary above the top of Grade G and up to spinal point 51  £360 per annum (£30/month) |
|  | **Tier 4.** Staff with an annual gross salary above spinal point 51  £480 per annum (£40/month). |

# Vehicle Details

Please provide details of the vehicles you wish to register to display this permit. A maximum of four.

|  |  |  |
| --- | --- | --- |
| **Vehicle 1** | Registration |  |
|  | Make & Model |  |
| **Vehicle 2** | Registration |  |
|  | Make & Model |  |
| **Vehicle 3** | Registration |  |
|  | Make & Model |  |
| **Vehicle 4** | Registration |  |
|  | Make & Model |  |

# Declaration

By applying for a car park permit you confirm acceptance to comply with the Vehicle Parking and Cycling Policy and declare that the information provided in this application is true and accurate.

|  |  |  |  |
| --- | --- | --- | --- |
|  | I understand that a parking space is not guaranteed. | | |
|  | I agree to clearly display the car parking permit whilst on campus. | | |
|  | I have read and agree to comply with the 'DMU Vehicle Parking and Cycle Policy'. | | |
|  | I confirm that I will surrender my permit if I no longer require it. | | |
| **Date** |  | **Signed** |  |

## To be completed by your immediate line manager

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name** |  | | |
| **Job title** |  | | |
|  | I confirm the applicant is eligible to apply for a DMU car parking permit | | |
| **Date** |  | **Signed** |  |

# Next Steps

Return this form to the Estates Services Building Reception or via email to [estateshelpdesk@dmu.ac.uk](mailto:estateshelpdesk@dmu.ac.uk). On receipt your application will be placed on hold. A supplementary review form will then be supplied to you, which will need to be completed and submitted to your faculty / directorate for consideration. This is a necessary measure to ensure the confidentiality of your medical information and adequate oversight / review of your Assessed Needs criteria.