

**Application for an Annual Staff Parking Permit**

**Personal Details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Mr  | Mrs | Miss | Ms | Dr | Prof | Rev | Other |
|  |  |  |  |  |  |  |  |
| Last Name |  | First Name |  |
| Home Address  |  |
| Postcode \* |  | Tel Number |  |

**Employment Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title |  | Department |  |
| Are you on UoL Payroll? | Y: |  | N: |  | UoL Payroll No.  |  |
| Room Number  |  |  |  |
| Building |  |
| Telephone / Ext |  | UoL Email address |  |  |

**Vehicle Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Vehicle 1 |  |  |  |
| Make |  | Model |  |
| Registration No. |  | Colour |  |
| Vehicle 2 |  |  |  |
| Make |  | Model |  |
| Registration No. |  | Colour |  |
| Vehicle 3 |  |  |  |
| Make |  | Model |  |
| Registration No. |  | Colour |  |

**\***It is essential to provide us with your correct postcode as the new parking permit application system will automatically calculate your public transport accessibility

**Please tick the criteria applicable to you.**

|  |  |  |
| --- | --- | --- |
|  | **Criteria**  | **Tick as** **appropriate** |
| **1** | I am a Blue Badge holder. **Evidence required:** copy of Blue Badge (both sides) |  |
| **2** | I have a medical condition that means I need to drive to work and park on campus. **Process & evidence requested:** You must seek initial advice from your HR Manager who will be able to discuss all available reasonable adjustments in the workplace, one of which may be a parking permit. Your HR Manager may subsequently provide you with a form to submit to your GP or consultant requesting further evidence. |  |
| **3** | I am a carer with a need to attend to a dependent family member during the day and the journey is not possible using public transport. **Evidence required:** Details of children below. You will also need to provide a birth certificate for the youngest child. If you care for a disabled or ill dependent, your medical practitioner must confirm your carer responsibilities. (form available from the Estates Helpdesk) |  |
| **4** | I am contracted to work before 7am or after 7pm. **Evidence required:** Your line manager must confirm your working arrangements in writing. (form available from the Estates Helpdesk)daysIf so, how many days per week do you work outside of core hours? |  |
| **5** | I am contractually obliged to use my vehicle for work on a regular basis during the working day as an essential part of my duties. **Evidence required:** Your HR Manager must confirm this in writing. (form available from the Estates Helpdesk)daysIf so, how many days per week do you use your vehicle for work?  |  |
| **6** | I drive a fully electric vehicle (hybrid vehicles do not apply) |  |
| **7** | I plan to car share to get to work at the University of Leeds. Please see the section below on Car Sharing  |  |
| **8** | I currently have a permit. Please tick this box if you have a current permit. |  |
| **9** | I work part-time |  |

**Child Passengers**

A need to attend to children during the day (e.g. taking / collecting children to / from nursery or primary school) in areas not immediately accessible by public transport.

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name** | **Date of Birth** | **School / Nursery****(Name, address, phone number)** | **Frequency of lifts (days per week)** |
|  |  |  |  |
|  |  |  |  |

**Car Sharing**

You can share a group permit with two or more employees of the University. If you would like to join with one or more to form a group, please provide the details below and arrange for each of the other applicants to complete an application form and submit the forms together in the same envelope.

|  |  |  |
| --- | --- | --- |
| **Payroll No.** | **Payroll No.** | **Payroll No.** |
|  |  |  |

You must also register with Liftshare and enter your BUDi reference:

**TERMS AND CONDITIONS**

By applying I agree to abide by the University's Car Parking Terms and Conditions (the full document is available at http://carparking.leeds.ac.uk/downloads).

I also understand and agree to the following:

* The University accepts no liability for any loss or damage to vehicles parked in any of its Car Parks.
* I certify that I have a full Driving Licence and my vehicle is fully taxed, insured and has a valid MOT certificate.
* That the details provided in this application form are accurate and complete
* To inform the Estates Helpdesk of any changes to the registration information provided. Failure to inform the Estates Helpdesk may result in being issued with an enforcement notice.
* I agree that the University reserves the right to withdraw my permit or to change the areas where car parking is allowed.
* This car parking permit is solely for my use and I agree not to transfer it to any other person unless I am part of a verified car sharing group.
* If this application form has not been completed fully it will not be considered for the application process.
* Issue of a permit does not guarantee me a parking space.

Note: Cooling off period - If you change your mind and do not wish to take up a permit you have 14 days from registration to notify the University in writing of your wish to cancel. Please send such notification to carparking@leeds.ac.uk or by letter to Estates Helpdesk, Estate Services Building, University of Leeds, Leeds, LS2 9JT. If you cancel during this period you will not be charged and any payments made by you will be refunded.

**You are about to apply for a permit to park at University of Leeds Car Parks.**

You will be charged as per the schedule of charges which are set out in the Pricing Policy on the website

**Staff**

If you are paid via the payroll, deductions will be made monthly.

|  |  |
| --- | --- |
| We are pursuing options to allow you to make payment by Salary Sacrifice. If you wish to do so, please tick the box. Note that you must be employed by the University to be considered and it is only available for annual permits. |  |

**If you proceed, your application will be checked and you will be notified if you are allocated a permit.**

**DECLARATION BY APPLICANT**

I declare that the information that I have given on this form is correct and complete. I understand that if I knowingly provide false information this may result in disciplinary action. I consent to the disclosure of information from this form to and by the University for the purpose of verification and the investigation and prevention of fraud.

**Signed: Date:**

Please send your completed application and any supporting evidence required to:-

**Post:** EstatesHelpdesk, Estates Building, Woodhouse Lane, LEEDS. LS2 9JT

**Telephone:** 0113 343 5491

**Email:** carparking@leeds.ac.uk

**For Office Use Only:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Permit Issued by: |  | Issue Date: |  | Zone: |  |
|  |  |  |  |  |  |
| User ID: |  | Permit Cost: |  |  |  |