

HEALTH PERMIT APPLICATION FORM



Blackpool Teaching
Hospitals

NHS Foundation Trust

Please complete the shaded areas where applicable
(Incomplete or obsolete forms will be returned)

1. Personal Details

Title		First Name		Surname	
Home Address Inc Postcode				DOB	
Job Title				Work Tel:	
Department				Bleep No:	
Pay band				Mobile No:	
				Work Email:	

2. Health Permit Application Form

For space allocation purposes, please provide the following employment information:

Full Time
(over 20
hours)

Part Time

(20 hours or below)

If you work part time, please state the days and hours that you typically work in the box below:

Declaration:

In line with the Trust Car Parking Policy, I Understand that it is my responsibility to inform the Car Parking Team of any changes or updates to my health or condition that would affect my eligibility for a Health Permit. Failure to do so may result in the withdrawal of the permit.

Signed

Date

If this document has been electronically completed, please tick to confirm that the

typed signature above is a legal representation of your signature.

☐

3. Your Circumstances

Permanent Application

Tick as appropriate

You have a long term medical condition which results in fatigue i.e. chronic fatigue syndrome, multiple sclerosis etc. or they are undergoing treatment / therapy for a debilitating disease.	<input type="checkbox"/>
You regularly require the use of a walking aid – such as a wheelchair, walking frame, a stick or a brace.	<input type="checkbox"/>
You are registered as blind or partially sighted with a local authority.	<input type="checkbox"/>
You are only able to walk very short distances without needing to rest or without requiring the assistance of another person.	<input type="checkbox"/>
You have a permanent and substantial disability which means they are unable to walk or have very considerable difficulty in walking.	<input type="checkbox"/>
You have a long-term medical condition, which makes it impossible for them to travel to work by any means other than a car, and which means they need to park within the hospital grounds.	<input type="checkbox"/>

Temporary Application

Tick as appropriate

<p>You have undergone surgery, are undergoing treatment or has had an accident which has left you with temporary mobility impairment.</p> <p>Please provide the expiry date of your current medical certificate</p> <div style="border: 1px solid black; height: 20px; width: 350px;"></div>	<input type="checkbox"/>
<p>You are experiencing a difficult pregnancy that makes it impossible for them to travel to work by any means other than a car, and which means they need to park within the hospital grounds.</p>	<input type="checkbox"/>
<p>You are in the latter stages of your pregnancy (i.e. no more than 4 weeks before you are due to commence your maternity leave).</p> <p>Please provide the start date of your maternity leave</p> <div style="border: 1px solid black; height: 20px; width: 350px;"></div>	<input type="checkbox"/>
<p>Please give details of the nature of your medical condition and the impact that it has on your ability to reach your place of work, focusing on any restrictions in terms of access to alternative means of travel. Ensure that you provide as much detail as possible to demonstrate why a car parking permit would be of benefit to you in your particular circumstances.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	

4. Evidence

Please provide one or more of the following forms of evidence to support your application:

Medical Pro-Forma

- Please note that your application **MUST** be supported with evidence from your GP/Consultant/Medical Professional or Occupational Health confirming any diagnosis and providing details of the impact the condition has on your mobility.
- If your application is pregnancy related, your application **MUST** be supported by your Midwife/Consultant/GP.

Blue Badge

- Please note that your application **MUST** be supported with your blue badge evidence.
- Please submit a copy of your Blue Badge (front and back) along with the application.

Disability Living Allowance or Personal Independence Payment

- Please note that your application **MUST** be supported with your DLA-PIP evidence.
- Please submit a copy of your DLA-PIP along with the application.

5. Declaration

I understand that any information or supporting documentation provided as part of this application is accurate and up to date. That the information that has been provided has been obtained from a bonified medical professional or authorised agency. I agree that the Trust can contact me, my GP or Medical Professional to seek further information in support of my application. I agree that the Trust may ask me to see Occupational Health if further information is required to support my application.

Signed

Date

Please tick below to confirm that you have attached the relevant supporting evidence:

Medical Evidence

☐

Blue Badge

☐

DLA - PIP

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Please note that a Car Parking Permit Application must accompany this form if you have not already applied or have been issued with a permit. (The form can be obtained by contacting the Car Parking Team or can be downloaded from the Facilities Sharepoint – accessible from the Trust Intranet)

6. Line Manager Review

Line managers to review the details above and to ensure that the relevant evidence is attached as required and the form has been completed fully.

Have all alternative options been explored, including hybrid working arrangements?

Line Manager to review the details and provide any supporting statement below or in the case of rejected applications any supporting information for the rejection:

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Manager Authorisation:

Please tick below to confirm decision of Line Manager review:

Approval

☐

Rejected

☐

Signed

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Date

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Approved forms to be sent to:

Rejected forms to be sent to the employee.

HEALTH REVIEW PANEL

Date of application received	
Date of Health Review Panel	
Decision/Outcome	Approved / Rejected / Request further information
Details if rejected	

APPROVED APPLICATION – CAR PARKING TEAM

Type of space to be allocated:			
Accessible	<input type="checkbox"/>	Standard	<input type="checkbox"/>
Car park location allocated:			
Date of permit issued:		Review date (if applicable):	