Ashford and St. Peter's Hospitals NHS

NHS Trust

Staff Car Parking Application Form

Please fill in all the information required. Your permit cannot be issued unless the form is fully completed. THIS PERMIT WILL BE VALID ACROSS BOTH HOSPITAL SITES

PLEASE USE BLOCK CAPITALS:

Surname: ..... Title: ***Student Nurse / Midwife***

First Name: ..... Ext./Tel No: ....c/o 2593 / 3649..

Dept: ***Uni of Surrey***
c/o Sue Uzzell
Room 6, Practice Development
Link Corridor Offices

Y ☐ **Full Time Staff**

☐ **Part Time Staff**

☐ Renewal

☐ Change of Vehicle

Please tick box if applicable

INTERNAL POST DELIVERY ADDRESS:

C/o Sue Uzzell, Learning Environment Lead (Nursing), Room 6, Practice Development, Link Corridor Offices, St Peters Hospital

DETAILS OF FIRST VEHICLE:

Make: ..... Model: .....

Registration No: ..... Colour: .....

DETAILS OF SECOND VEHICLE (if required):

Make: ..... Model: .....

Registration No: ..... Colour: .....

Please Note: Personal details will not appear on your permit

Signature:..... Date: .....

Ref: Security/carpass October 2001