**Strictly Private and Confidential**

**Staff Application for University Owned Car Parking Spaces**

**Name:** Click here to insert text.

**Department:** Click here to insert text.

**Email:** Click here to insert text.

Please complete this form if you wish to apply for a monthly pass for one of the University owned parking spaces and wish to declare personal circumstances. Please provide requested information in relevant box(es).

1. **Please declare the reason for your priority application (note: these are written in priority order):**

|  |  |
| --- | --- |
| **Circumstance** | **Details** |
| **1.Blue Badge Holders** will automatically be allocated a space at your requested car park. |  |
| **2.**Staff members who **Occupational Health advise need access** to a car parking space due to a medical condition (Staff will pay a monthly parking permit £44/month). |  |
| **3.**Staff members **who work shifts that require them to arrive or leave work at times when public transport is not a viable option or there are safety concerns** (Staff will pay a monthly parking permit £44/month). This includes staff who are contracted to work late e.g., staff who work late nights or early morning shifts. |  |
|  | |
| **4.** Staff members in roles that are **not able to engage in hybrid working** and are required to be on campus for the full duration of their time (Staff will pay a Monthly parking permit £44/month). |  |
| **5.** Remaining spaces will be allocated through a lottery which **staff members with caring responsibilities** will be given priority and spaces would be allocated. (Monthly parking permit £44/month). |  |

1. **Please circle the University Car Park that you wish to apply for (Please only circle one car park):**

* Byrom Street
* SLB (Temporary Car Park)
* Tithebarn
* Henry Cotton
* Egerton Court

1. **Please confirm, by ticking the box provided, that:**

* The above information provided is a true and accurate description of my circumstances as of the date below.
* I realise that the above information will be used for Car Parking allocation purposes only and will be seen by Moni Akinsanya (and exceptionally Amanda Mannion) in Human Resources.

I agree

**Name:** Print name here

**Signed:** Sign or initial here

**Date:** Insert date here

I give my permission for the Equality, Diversity, and Inclusion Manager to contact me to discuss my circumstances, and my requirements in relation to this/these.

If you have any questions, please do not hesitate to contact [edicarparking@ljmu.ac.uk](mailto:edicarparking@ljmu.ac.uk)