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**Parking application for staff who are blue badge holders**

**Parking charges – free of charge.**

|  |  |
| --- | --- |
| **Name** |  |
| **Vehicle registration number** |  |
| **Blue Badge Number** |  |
| **\*Expiry date** |  |
| **Department/ward**  |  |

Please take the **completed form** to the **car park office** with your **valid blue badge** and once validated your vehicle will be added to the automatic number plate recognition system.

**\*Note:** Your account on the car park system and access to on-site parking will mirror the dates on your blue badge, therefore, it is important that when you are issued with a new blue badge you update your car park account in order to maintain your access to on-site parking.

**Note A valid blue badge must always be displayed when parking in Blue Badge Bays on site.**

We will manage your information in line with the General Data Protection Regulation 2016/679. The information provided on this form will be used to manage your use of the West Suffolk NHS Foundation Trust car parks, including recharging of costs incurred for repairs to damaged equipment or underpayment of charges, and will be shared with CP Plus Ltd (Group Nexus) who manage the car parks on behalf of the Trust. Your information may also be shared with CP Plus Ltd (Group Nexus) to recover penalty charges.

The information will be retained for the duration of your employment and then destroyed. By signing this form you are consenting to the above use of your information for these purposes.

You have the following rights in relation to the way we handle your information:

* If you no longer want us to use your information for the purposes specified above or
* If you want to request to have your information erased or rectified.

Please contact the Car Parking office or Clare Farrant on 01284-713829

Signature…………………………………………………… Date………………………………

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Car park office:**

|  |
| --- |
| Blue badge evidence seen and account details added to car park system |
| Date |  |
| Name |  |
| Signature |  |

**Changes of details/circumstances – Blue badge holder**

**Current arrangements**

|  |  |
| --- | --- |
| Name |  |
| Job title |  |
| Employing Trust |  |
| Department/Area |  |
| Hours per week worked |  |
| Payroll number (if you have one) |  |
| Current payment arrangements |  | Monthly Salary Deduction  |
|  | Pay As You Go |

**New arrangements (**please complete effective date, and only boxes where changes need to be made).

|  |  |
| --- | --- |
| Date changes effective from |  |
| Name |  |
| Job title |  |
| Employing Trust |  |
| Department/Area |  |
| Hours per week worked |  |
| Payroll number (if you have one) |  |
|  |  |
| New payment arrangements |  | **I no longer need to pay for parking** |

The Trust’s Payroll Department is authorised to adjust deductions according to hours worked and any increases in car parking charges, as indicated above. I confirm that to the best of my knowledge the above information is correct.

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