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| Parking Permit Application Form | Placeholder Logo |

# Instructions

Section 1 is to be completed by the student. Section 2 to be completed by a medical professional.

**If you are a blue badge holder, you do not need to use this form.**

# Section A (to be completed by student)

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| Student Name |  | Student Number |  |
| Term time address |  | Home address |  |
| Telephone |  | Email address |  |

# Section B (to be completed by medical practitioner)

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| Diagnosis |  |
| How long is diagnosis likely to last |  |

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| Q1. Is the student able to drive despite their illness, injury or disability?  If no, please provide a reason they would still need a parking permit. | Yes  No |

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| Q2. This student has a disability/injury or temporary illness, but they **are able** to comfortably walk for approximately 10 minutes (around half a mile) with or without aids  If selected, please continue to Q3 |  |
| The student has a disability/injury or temporary illness which means they **are unable** to walk for more than approximately 10 minutes (around half a mile) (even with aids)  If selected, please skip to section C |  |

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| Q3. This student has a disability (e.g. Autism Spectrum Disorder, mental health condition, medical condition), injury or temporary illness that means that they are unable to use public transport  **Please explain why** |  |
| Q4. This student is able to walk 10 minutes from a parking space to their destination  **If no, please explain why** | Yes  No |

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| Q5. If you feel that the student does not meet any of the above criteria but requires a parking permit, please give details here |  |  |

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| Section C (to be completed by medical practitioner) | | | | |
| Signature |  |  | Name |  |
|  | Signature of the Person Submitting this Form |  |  | Name of the Person Submitting this Form (print) |
|  |  |  |  |  |
| Date of signature |  |  | GMC Number |  |
|  |  |  |  |  |
| Surgery stamp |  |  | Surgery Address |  |