

City Parking and Patrol Services
PO Box 1098
Southampton
SO14 7WE



APPLICATION FOR MEDICAL PARKING PERMIT

Please read **PART 8** the guidance notes before completing this form. Please complete this form in **BLOCK CAPITALS**.

PART 1: TYPE OF PERMIT (Tick appropriate box)

First permit to be issued

Renewal

Date Required: 01/..... Permits will be issued from 1st of the month

PART 2: YOUR DETAILS

Title Full Name.....

Address.....

.....Post Code.....

Daytime Telephone No.....

PART 3: PARTICULARS OF VEHICLE

Registration No..... Make

Model..... Colour.....

Does the maximum gross weight of the vehicle exceed 3.5 tonnes? YES/NO

Does the length of the vehicle exceed 5 metres? YES/NO

Is the vehicle constructed to carry more than 8 seated passengers exclusive of the driver? YES/NO

If you have answered yes to any of these questions we are unable to issue a permit.

If you **are not** the registered owner/keeper of the vehicle please complete PART 4.

PART 4: OWNER/KEEPER DETAILS

Title Full Name.....

Address.....

.....Post Code.....

Daytime Telephone No.....

PART 5: VERIFICATION DETAILS

Your Occupation.....Care Registration Number

Employer's Name.....

Employer's Address.....

.....Post Code.....

This section must be completed and signed by your line manager.

Name..... Position.....

Signature..... Date.....

Daytime Telephone No.....

PART 6: AUTHORISATION

Applications will not be processed unless they have been authorised by your employer's nominated authorising officer.

Name..... Position.....

Signature..... Date.....

PART 7: DECLARATION BY APPLICANT

- (a) I understand that the permit is only valid for use in limited waiting bays or residents' (permit holder) parking bays within Southampton.
- (b) I accept that the permit is only to be used when I am undertaking work at clients/patients residences. I acknowledge that it is not intended for use at normal places of work such as hospitals or surgeries.
- (c) I undertake to return the permit if I change jobs, cease employment or dispose of the vehicle to which the permit is issued.
- (d) I accept that it is responsibility to ensure that the permit is clearly displayed on the vehicle.
- (e) I understand that it is my responsibility to apply for renewal of the permit.
- (f) I acknowledge that a permit may be withdrawn if the conditions of issue are contravened or should Southampton City Council have reasonable grounds to believe it is being misused. The information provided on this form is true and accurate to the best of my knowledge and belief, and I accept that if I have stated anything which I know to be false, or believe not to be true, I shall be liable to prosecution and any permit issued may be withdrawn.

Signature..... Date.....

WARNING: Section 115 (2) of the Road Traffic Regulations Act, 1984

Provides penalties for any person who makes a false statement to obtain a parking permit or with intent to deceive, forges, or alters, or uses, or lends to, or allows to be used, or has in their possession any document so closely resembling any such permit as to be calculated to deceive.

FOR OFFICE USE ONLY	Application No:
Permit No:	Docs Seen:
Permit Type:	Issued By:

Continued.....

PART 8: GUIDANCE NOTES (Please retain this page for your information)

Who can apply for a Medical Parking Permit?

Medical professionals such as Midwives, Twilight Nurses, Mobile Dentists Physiotherapists who provide a service to patients in their home.

If I have a Medical Parking Permit where can I park my vehicle?

As long as your permit is clearly displayed you are able to park in any of the limited waiting or Residents' parking bays (permit holder) parking bays only within Southampton. The permit will not provide exemption from any other on-street parking restrictions such as yellow lines or in off street car parks or privately owned and operated parking places.

Can I use the permit on any vehicle?

The registration number is printed on the permit and it is therefore only valid for use when displayed on this vehicle.

What happens if I dispose of the Vehicle?

You must return the old permit to Southampton City Council and apply for a new permit.

How do I apply for a permit?

You will need to complete this application form which must be signed by you and your line manager. It must then be forwarded to your nominated authorising officer.

What documents do I need to obtain a permit?

You will need to provide proof of vehicle ownership a legible photocopy of the V5 (V5C) document.

If you are not the owner/keeper of the vehicle you will need to provide a letter of authorisation from the owner/keeper, giving you permission to use the vehicle. A legible photocopy of the vehicle registration document V5 (V5C) **must** accompany the letter of authorisation. A letter of acknowledgement will be sent to the owner/keeper of the vehicle confirming that a permit has been issued.

If you are using a company or lease vehicle you will need to provide a letter of authorisation from your employer on company headed paper confirming that you are the main driver. This letter must also give details of the vehicle make, model, colour and registration mark. You are **not** required to provide a copy of the V5 (V5C) vehicle registration document.

Is there any charge for the permit?

There is currently no charge for a Medical Parking Permit.

How long is the permit valid?

The permit is valid for 12 months.

What happens if I change jobs or leave my current employment?

The Medical Parking Permit must be surrendered to Southampton City Council.

Completed and authorised application forms should be sent to:

Southampton City Council
City Parking and Patrol Services
PO Box 1098
Southampton
SO14 7WE

Telephone: 023 8083 3008 Monday – Friday 8.00 am - 7.00 pm Saturday 10.00 am - 4.00 pm

If your application is accepted your Medical Parking Permit will be sent to by post to your employer's address provided in PART 5 of this form.

Fair Processing Notice



Any information provided by you to Southampton City Council will be held in accordance with the Data Protection Act 1998.

The Council's nominated representative for the purposes of the Act is Mark Heath, Solicitor to the Council. If you have any questions relating to the use of your data, please contact Mark Heath (written enquires only) at the Civic Centre, SO14 7LY.

The information you have provided will be used for the purposes of parking management within the Southampton Area including:

- Processing and administering your parking permit.
- Processing Penalty Charge Notices and collecting debt in relation to those Notices
- Preventing and detecting fraud in relation to parking permit applications

Your information will not otherwise be shared with external third parties unless we obtain your permission to do so, or are required to do so under a legal duty.

This council is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form for the prevention and detection of fraud.

It may also share this information with other bodies responsible for auditing or administering public funds for these purposes including the Audit Commission.

As part of the National Fraud Initiative the Audit Commission requires this Council to provide specific sets of data to the Audit Commission.

For further details please look at <http://www.audit-commission.gov.uk/nfi/>