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| **Car Parking Application Form** | | | | | | |
| *This application is for staff who wish to obtain a car parking space.*  *Existing staff: The scheme is only open to applications twice a year April and October for existing staff.*  *New starters: new members of staff need to apply for a space within the first 2 weeks of starting their role.*  *Staff maybe placed on a waiting list and will be contacted once a space becomes available and deductions will start.* | | | | | | |
|  | | | | | | |
| Name: |  | | | | | |
| Email Address: |  | | | | | |
| Job Title: |  | | | | | |
| Employer |  | | | | | |
| Work base | Trafford Town Hall | |  | | | |
| Sale Waterside | |  | | | |
|  | |  | | | |
| Assignment Number: |  | Band: |  | | | |
| Salary: |  | Contracted weekly Hours: | | |  | |
| Employment Start Date/Increment date: |  | | | | | |
|  | | | | | | |
|  | Main Vehicle | | Second Vehicle | | | |
| Registration Number |  | |  | | | |
|  | | | | | | |
| **I understand that is my responsibility to ensure that the relevant paperwork and people are contacted if there is a change in my contracted hours or banding/salary or I choose to leave the scheme/job and I will provide a minimum of 28 days’ notice of this, failure to do so may result in back dated fees. I understand that I may be charged an additional admin fee if my pass/fob is lost or not returned on leaving the scheme.** | | | | | | |
|  |  | | | | | |
| Employee Signature |  | | | Date | |  |
| Line Manager Name |  | | | Date | |  |
| Line Manager Signature |  | | | Date | |  |
|  |  | | |  | |  |
| **Please complete all fields and return to**: [TLCO.CarParkingScheme@mft.nhs.uk](mailto:TLCO.CarParkingScheme@mft.nhs.uk) | | | | | | |

*Last updated: April 2023*