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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.* |
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| 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 |

*Last updated: April 2023*