

**Accessibility Car Parking Permits Application Form**

**Please consult the enclosed guidelines for completion of this application and return this form, with the relevant information, to the Estates Department, Level 5, Administration Building, Queen’s University Belfast, University Road, Belfast BT7 1NN. Estates and/or Occupational Health will assess the application, and you will be contacted when a decision has been made.**

Name

Title: [Mr/Miss/Ms/Mrs/Dr/Prof./Other]

(please specify)

Staff [ ]  Student [ ]

If you have chosen ‘Staff’, please enter your staff number, the property (building) and space (area within the building) below. If you are unsure what space you are located in, this 10-digit number is displayed on the red disk on the door upon entering the office/shared office.

Staff number

Property

Space

If you have chosen ‘Student’, please enter the details below.

Student number

Home address

(including postcode)

Contact telephone number

Course Year of course

Email address

Are you a student registered with Disability Services? Yes [ ]  No [ ]

Do you currently hold a permit to park in any University Car Park? Yes [ ]  No [ ]

If yes, please provide the details

Is it full time or part time?

Vehicle Information

Registration number

Make and Model

Emission band

Preferred Car Park

First choice Second choice

|  |  |  |
| --- | --- | --- |
| Are you a current blue badge holder? (See guidelines) | Yes [ ] No [ ]  | If “No” and you have applied for a blue badge, please provide the date of application and attach evidence to support your application. |
| Do you have a disability which affects your mobility but do not hold a blue badge? (See guidelines) | Yes [ ] No [ ]  | Please describe nature of disability below: |
| Do you have a temporary disability which affects your mobility? E.g. due to an accident (See guidelines) | Yes [ ] No [ ]  | Please describe nature of disability below: |

Do you have travel allowance included in your Disabled Students' Allowances approval letter? If yes, please attach a copy of your DSA2 letter from the DSA Officer at your Education Authority.

Yes [ ]

No [ ]

N/A [ ]

Please give details below of any other circumstances, which may support your application for a disabled parking permit (e.g. the need to carry equipment or work-related material).

The University may need to contact your Line Manager or Head of School regarding your requirements, for example the availability of flexible working/study hours, the requirements to carry material home etc.

Do you agree that the University can contact your Line Manager or Head of School to obtain relevant information?

Yes [ ]

No [ ]

Details of Line Manager

Position

Contact address

Contact telephone number

Signature

Date

*Should you receive any facility as a consequence of this procedure; the details of your disability will be made known to the Equal Opportunities Office (staff) or Disability Services (students).*

*All car parking at Queen’s and associated facilities is subject to the regulations and statutes of the University, regulations of associated institutions and rules laid down by the Estates Department, a digest of which will be sent to recipients of Car Parking Permits. Applicants agree to ensure their vehicle, as the University cannot be held responsible for any loss or damage that may occur on University property.*