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| **Disabled Car Parking Application Form 2024-2025** | Estates Department |

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.

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| --- | --- |
| Name: |  |

|  |  |
| --- | --- |
| Title: [Mr/Miss/Ms/Mrs/Dr/Prof./Other] (please specify) |  |

|  |  |
| --- | --- |
| Staff  |  |
| Title: |  |
| Staff No.  |  |
| Location:  |  |

|  |  |
| --- | --- |
| Students  |  |
| Student No. |  |
| School/Department: |  |
| Course: |  | Year of course: |  |

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| Email Address: |  |

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| 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 |

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| --- | --- |
| If Yes, please provide details here: |  |

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| --- | --- |
| Is it full time or part time? |  |

|  |  |
| --- | --- |
| Contact tel. no. |  |

|  |  |
| --- | --- |
| Vehicle Make/Model: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Colour: |  | Registration: |  |

Preferred Car Park: I require a space as close as possible to my school/department [ ]

|  |  |  |  |
| --- | --- | --- | --- |
| First Choice: |  | Second Choice: |  |

|  |  |  |
| --- | --- | --- |
| Are you a current blue badge holder? (See guidelines) | Yes / No | Please describe nature of disability below: |
| 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:* |

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 )

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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: |  |

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| --- | --- |
| Contact Address: |  |

|  |  |
| --- | --- |
| Contact No: |  |

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| --- | --- | --- | --- |
| Signature: (Required) |  | 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 insure their vehicle, as the University cannot be held responsible for any loss or damage that may occur on University property.