

Carers Assessment

Preferential car parking at the University of Surrey

Part One

Staff and Student Information

Please find enclosed the application pack to support your request for preferential parking on caring grounds.

BEFORE YOU START

Important information

This form does not replace the online parking application that must also be completed. The Transport Team will review your request for preferential parking on caring grounds, if they are unable to make a decision, based on the information received, then your form may be assessed by the University Parking Appeals Panel.

Instructions

1. Complete Part One of this form, ensuring you provide full details required.
2. Have your GP or other relevant qualified practitioner complete Part Two
3. If you have already provided supporting evidence to the University to get flexible workplace adjustments because you are a carer and the documentation you submitted is no more than 1 year old, then this can be used in place of part two of the form. You should contact your Human Resources representative if you are staff, and the Disability and Neurodiversity Service if you are a student. HR or the Disability and Neurodiversity Service will need to sign the form below to confirm they have relevant information relating to your caring needs.

Once Parts One and Two have been completed, please send the form to the Transport Team at the address below:

Transport Team

Wates House

University of Surrey

GU2 7XH

Telephone: 01483 68 9369 or 01483 68 9181

Email: transportenquiries@surrey.ac.uk

STEP ONE

Please complete the following information in block capitals

Details of Carer: _____

Employee ID/Student Number: _____

Address: _____

Email: _____

Telephone: _____

Person's name for which care is being provided: (if you provide care for more than one person, include their names here)

Relationship to the applicant: _____

Are you able to use public transport to carry out your caring responsibilities Yes No

STEP TWO

If you answered yes to the above question, explain why you need a carers permit. Please also add any additional information about your caring responsibilities that you would like to be considered regarding your application for parking. Please also indicate the number of days per week you have caring responsibilities and whether these days are fixed or variable.

Supporting Documents (Not applicable for all applications)

If the University holds supporting documentation for you regarding your caring responsibilities, then Part Two of this form does not need to be completed by your GP. Your HR representative or the Disability and Neurodiversity Service will need to sign the form to confirm they hold relevant information relating to your caring responsibilities and that a work place adjustment is in place for you.

HR/D&N Signature: _____

Name: _____

Date: _____

Preferential Parking Request

Part Two

Evidence of Caring Responsibilities

Part two should be completed by your General/Medical Practitioner/Social Services or the Student Health Centre (if registered with them)

A Name of applicant: _____ is a registered carer and provides regular care to the person(s) named below, more than three times during the working week to assist them with their living requirements.

B Name of applicant: _____ is not a registered carer but provides regular care to the person named below, more than three times during the working week to assist them with their living requirements.

If you ticked box B - Please provide supporting evidence/further information

Please tick the duration of this caring responsibility:

Up to two years (can then be reviewed again if still required)

At least one year (can be reviewed annually if still required)

If temporary in nature please indicate an approximate period of time during which the parking requirement is likely to be necessary.

Temporary/short term and required for _____ weeks/months (delete as appropriate)

(The applicant is aware any boxes ticked above, are only valid whilst undertaking caring responsibilities and they are clear it is their responsibility to inform the University of any change, as indicated in parking T&C's)

**Signature of GP/
Specialist practitioner/
Social Services:** _____

Name: (please print): _____

Registration No: _____

NB: The above named applicant accepts and understands that they will be solely responsible for any payment of any fees that may apply, required in connection with obtaining the above information and completion of this form.

Stamp of GP Practice / Specialist Practitioner / Social Services

CONSENT**Please read and sign**

I consent to the University requesting information to enable them to assess my need for preferential parking, and hereby authorise my GP or other relevant qualified specialist to provide the evidence requested in Part 2.

The University will use the information for the purpose of assessing your parking application only. I understand that this form will be treated as sensitive information and will be securely stored electronically in accordance with data protection legislation. It will be stored for the duration of validity plus 1 year before destruction.

Terms and conditions

1. I confirm that all statements in support of this application are true and accurate to the best of my knowledge and enclosed evidence is either original or true copies of the originals.
2. All applications will be considered by the Transport Team in the first instance. Any applications that the Transport Team are unable to make a decision on, will be referred to the University's parking appeals panel.
3. The decision of the appeal panel will be final, they reserve the right to issue parking on special grounds subject to providing all criteria has been met and evidence has been provided. A declined application does not prevent new subsequent applications, where conditions or requirements may have changed.
4. Any parking issued to me will be to enable me to carry out my caring responsibilities. I understand if I stop being a carer and stop providing regular care to the person named in part one of this form, then I must give up the right to park on campus (if I don't meet any of the other requirements which entitle me to parking, which I would then apply).
5. I will be solely responsible for paying any fees due in relation to getting my GP or other relevant qualified practitioner to complete this form. (Please note some charge a nominal fee)
6. By signing I accept the terms and conditions listed above and any related University policy or guidance linked with parking.

Signature: _____

Date: _____