

IF THIS FORM IS NOT CORRECTLY FILLED IN BY THE WARD IT WILL NOT BE PROCESSED

WEEKLY PARKING PERMITS

The Trust would consider offering a **Weekly Parking Permit** in individual cases where:

(Please tick one)

- The patient has been an inpatient for 14 days or more.
- The patient has been an inpatient in ITU for more than 3 days
- The patient is undergoing Palliative Care after 3 days
- The Patient has been an inpatient in Neo natal/Special Care for more than 3 days
- Outpatients with multiple appointments in one week

Date:

Patient Label or GO No:

Please issue a WEEKLY PARKING PERMIT

To Mr/Miss/Mrs

For Vehicle Reg:

From.....To..... at a cost of £12 (Non Refundable)

(To be signed by the Ward Senior Nurse)

Signature of Authorisation.....

Please print name.....

Designation.....

Ext no..... Name of Ward/Dept:.....

(This form must be taken in person to the General Office)