

Appeal for staff members who reside within the exclusion zone.

I wish to make a case for exemption from the exclusion zone rule because (tick one or more boxes):

- I am a Blue Badge holder
- I am not entitled to a blue badge but suffer from a physical or psychological condition where parking on site is essential to my ability to attend work*
- I work shifts finishing on or after 7:00pm (minimum of twice per calendar month or equivalent)
- I work shifts commencing on or before 7.00am (minimum of twice per calendar month or equivalent)
- It is essential that I use my vehicle for work purposes (minimum of five off-site visits per month from base of work)
- I have (a) dependent(s) eg a children under 14 yrs old; spouse, parent, or certain other relative to whom one is responsible for contributing all or a major amount of essential support

Please give details - if left blank, the appeals panel may contact your line manager for clarification before making a decision

** All exemption claims on this basis must be supported by a letter from the applicant's GP*

In all cases, evidence will be required and must be endorsed by the relevant Department Manager

Please ensure that you submit all relevant information to your appeal on this form. Exemption applications will be considered by a panel consisting of representatives from: Staff side; Corporate and Facilities Management. Cases will be considered within 30 days of an application being received. Staff with pending exemptions requests will be granted a temporary permit at the appropriate fixed rate for their grade.

You will be contacted when your appeal has been heard and a decision made. Successful appeals will exempt the applicant from the exclusion zone rule. Unsuccessful appeals may be referred to the Director of Corporate Governance for arbitration on request. **It is the responsibility of the permit holder to inform the Facilities Management Office immediately should any change in circumstances which might affect eligibility to the exemption.**

The Trust reserves the right to rescind any permits where declarations are found to be negligent (ie where circumstances have changed and the permit holder has not declared changes to the Facilities Management office).

Declaration (must be complete to proceed)

	Permit applicant details	Line Manager details <i>*Must be completed by line manager only</i>
Surname		
First name		
Signature		
Contact phone number		
Contact email		

- To my best knowledge the details in this application are true. I understand that fraudulent applications may be subject to disciplinary actions** (must be ticked to proceed).

Please return this completed form to:

Electronic: sth-tr.carparking@nhs.net

Written: Facilities Management Office, Royal Shrewsbury Hospital, Mytton Oak Road, Shrewsbury, SY3 8XQ