

Please complete this form if you are eligible to become a scheme member and wish to park at any of the Trust's sites.

- Instructions for completion:
1. Complete ALL sections below and ensure that your Line Manager certifies if you are an existing member of staff
 2. Form to be taken to CP Plus Parking Booth at either PRH or RSH.
 3. Recruitment Team to certify and send to FMO for new staff.

Title	Mr / Dr / Mrs / Miss / Ms	Full Name	
Job Title		Agenda for Change Band	
Ward / Department		Payroll Number	
Site		Contracted Hours	
Work telephone number:		Home Post Code:	
Email Address:			
Vehicle registrations	1.		
	2.		

Please tick one of the following boxes:

- Permanent member of staff employed by SATH Bank member of staff employed by SATH Agency Student
 Apprentice Volunteer Member of staff employed by an external organisation Please state organisation

Please circle your permit rate: <i>(Note: For the purpose of this scheme, up to and including 22.5 hours a week is "part time", anything greater is "full time")</i>	£ per annum		
	Part time	Full time	
Volunteer/Apprentice	N/A		
Bank member of staff / Student	45		
Members of staff employed by SATH, an agency or external organisation:	Band 1-3	45	90
	Band 4-5 & medical / dental staff at F1 / F2, or equivalent	72	144
	Band 6-7	108	216
	Band 8 a-c	144	288
	Band 8d, 9 & Non A4C	180	360
	Medical Registrar (ST1+, Speciality Doctor & Associate Specialist)	144	288
Medical Consultants	180	360	

Bank staff, students and members of agency or external organisations will need to pay by cheque made payable to Shrewsbury and Telford Hospital NHS Trust and attach it to this form, or alternatively may pay by cash or card by taking your completed application form to the Cashier's Office and attaching the receipt to this form before sending it to us. Payment must cover a minimum of a 3 month period, unless you will be working for a period less than 3 months.

Payment Option: (please tick only <u>one</u> box)	
I authorise deduction of car parking charges from my salary	
I wish to pay by cheque, cash or card and enclose a cheque or receipt for £_____	

To be completed by the applicant: I agree to be bound by the Trust's staff parking policy and, if applicable authorise deductions to be made from my salary.

Print name	Signed	Date / /
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To be completed by Line Manager/Recruitment Team: I certify that the above details are correct.

Print name	Signed	Date / /
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For any advice or guidance in connection with Staff Parking Permits, please call 01743 261416 or ext: 1416, or alternatively e-mail CarParking.Permits@sath.nhs.uk