

Site: West Suffolk Hospital

Car parking application and evidence form (from June 2024)
Completed forms should be returned to carparkingenquiries@wsh.nhs.uk

Name (as recorded on ESR)							
Work base							
Trust email address							
Vehicle registration number							
Please print or type the form; comple				hat your ca	r regi	stration de	tails are
written clearly i.e. differentiate between	en a U an	d a V; B o	or 8				
Fixed working pattern	Shift sta	rt time		Shift	end t	ime	
Working pattern		•	1				
Please select	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Variable working pattern	Shift sta	rt time		Shift	end t	ime	
Early shifts							
Late shifts							
Night shifts							
Long days							
Day shifts							
Twilight shifts							
Other – please specify							
Please select when you work this	Across a	ıll days	Weel	ks days only	,	Weekends	only
pattern							
Pre-registration student	Complet	te page 1	only				
	Start dat	e		End o	date		
Education Line Manger							
 Any changes in work pattern w Any vehicle movement patterns will be investigated and further 	s which do	not meet	the agreed		iteria	for on-site p	arking
I confirm that the information provided a	above is co	rrect for t	his employ	/ee:			
Line Manager/Education Line Manager	signature						
Print name	_						
Job title							
Date							
Please inform the car park office immed vehicle to site 07815 154230 or westsu				cle or if you i	need t	o bring a dif	ferent
Failure to do this will result in your vehi	cle being s	topped at	the exit ba	arrier.			
					Da	te	
Application not approved		Col	league info	ormed	1-3		
Application approved				oark system	1		



Payment options for car parking

Please tick relevant box below

How do you wish to pay for	Monthly Salary Deduction – band 4 and above only
parking?	(confirm working hours below*)
	Pay in advance (confirm working hours below*)
	Please visit the car park office for further details
	Pay Daily

^{*}If you wish to pay by Monthly Salary Deduction (band 4 and above, West Suffolk NHS FT employees only):

I authorise the Trust to deduct the appropriate car parking fee from my monthly salary whilst I am eligible to park on the West Suffolk Hospital site. Please tick one box:

Up to 15 hours a week	Deduct	£ 8.30 per month	
15.5 - 22.5 hours a week	Deduct	£ 16.70 per month	
23 - 30 hours a week	Deduct	£ 25.00 per month	
Over 30 hours a week	Deduct	£ 31.30 per month	

The Trust's Payroll Department is authorised to adjust deductions according to hours worked and any increases in car parking charges, as indicated above.

CAR PARKING CHARGES to be deducted with effect from

Pay in advance:

Up to 15 hours a week	Top up at pay machine £ 8.30 per month	
15.5 - 22.5 hours a week	Top up at pay machine £ 16.70 per month	
23 - 30 hours a week	Top up at pay machine £ 25.00 per month	
Over 30 hours a week	Top up at pay machine £ 31.30 per month	

Please visit the car park office for further details.

Pay daily including non-Trust employees (employees not on WSH direct payroll) you will need to pay daily: £2.10 daily rate and free of change for staff working a night shift if a vehicle arrives after 17:30 and leaves before 09:30 the following morning.

Pay Daily	
(Please tick)	

confirm that to the best of n	y knowledge	the above in	formation i	s correct
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Signature

The Trust will manage your information in line with the General Data Protection Regulation 2016/679. The information provided on this form will be used to manage your use of the West Suffolk NHS Foundation Trust's car park at the West Suffolk Hospital site, including recharging of costs incurred for repairs to damaged equipment or underpayment of charges, and will be shared with CP Plus Ltd (Group Nexus) who manage the car parks on behalf of the Trust. Your information may also be shared with CP Plus Ltd (Group Nexus) to recover penalty charges.

The information will be retained for the duration of your employment and then destroyed. By signing this form, you are consenting to the above use of your information for these purposes.

You have the following rights in relation to the way we handle your information:

- If you no longer want us to use your information for the purposes specified above or
- If you want to request to have your information erased or rectified.

Please contact the car parking office <u>westsuffolknhs@groupnexus.co.uk</u> or E&F Business Team carparkingenquiries@wsh.nhs.uk