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# BARRIER PASS APPLICATION

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| **Name:**  ***(Print)*** | **Designation:** |
| **Directorate/Department:** | **Contact Details:** |
| **Vehicle Registration:** |  |
| CRITERIA FOR BARRIER PASS APPLICATIONS ***Please read carefully the following list of criteria for allocation of barrier passes and circle the criteria that best describes your requirement. This must be verified by the Authorised Signatory before submission.*** In Priority Order  |  |  | | --- | --- | | ***1*** | ***Staff who require immediate access to car parking for urgent and emergency issues during normal working hours.*** | | ***2*** | ***Staff who have a regular commitment to work on other sites or work away from their normal base during the day.*** | | ***3*** | ***Ward / Department passes for departments where a number of staff have work commitments out with the Hospital during the course of a day.*** |   **Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Applicant)**  **Date \_\_\_/\_\_\_/\_\_\_**  ***EDG Member for countersigning***  **I confirm that the applicant requires barrier access and meets the criteria detailed above.**  **Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*EDG Member*)**  **Date \_\_\_/\_\_\_/\_\_\_** | |
| **Please return the completed form to: -** Kenny Green, Security Manager, Estates Dept, VHK | |