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**Claim Form for Free Parking**

NB - Refunds of payments already made cannot be reimbursed

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| **Name of applicant:** |  |
| Car registration: |  |
| Contact number: |  |
| Patient’s name: |  |
| Ward / dept:  |  |
|  |
| **Reason for concession:** *(please tick)* |
| Parents or guardians of children or young persons under the age of 18 years, who have been admitted overnight as an inpatient, can claim free parking between the hours of 7.30pm and 8am. (Maximum of two vehicles.) |  |
| Long term patients who for an overall period of **at least three months** – who attend outpatient clinics on a frequent basis. Frequent is defined as three or more planned appointments in a single month (ie any period of 30 days not a calendar month).  |   |
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| **Name of ward / dept authorising:** *(****NB*** *Free parking will not be given unless this section is completed IN FULL.)* |
| Period permit covers: |  |
| PRINT NAME: |  |
| Job title: |  |
| Telephone number:  |  |
| Signature:  |  |
| Date: |  |

* When this form has been completed by the ward please take it Main Reception.
* Main reception will issue the parking permit.
* The permit must be approved and have the appropriate stamp.

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| For a permit to be issued please take the authorised form to: Main Reception at Watford General Hospital Security at St Albans City Hospital or Hemel Hempstead Hospital.  | Authorisation stamp here |