

# Disabled Staff/Student Parking Permit Application Medical Assessment Pro-Forma



## Instruction to parking permit applicant:

- Complete Section 1
- Ask General Practitioner or Specialist to complete Section 2 (Note: you will be responsible for paying any administration fee they may charge) OR ask a Disability Adviser from the University of Bristol Disability Services team to complete Section 3 (students only).
- Save completed electronic form (or scanned version of hard copy) to your computer.
- Upload file to the supporting documents section of your permit application on the permit management website.

**If you require this document in an alternative format please contact Security Services (Car Parking) by telephoning 0117 3311190 or by emailing car-parking@bristol.ac.uk.**

## Section 1 To be completed by the Applicant

Applicant full name

Applicant telephone number or email

Applicant home postal address, including postcode

Member of Staff

Student

I give my consent for appropriate medical information to be released in support of my parking permit application.

(Please Tick)

## Section 2 To be completed by the applicant's General Practitioner or Specialist

**The patient named in Section 1 is applying for a disabled parking permit at the University of Bristol. Please complete this form to confirm the nature of their condition so the University's Occupational Health Service can assess their eligibility for a disabled parking permit. All information will remain confidential.**

**Please tick any of the statements below that apply to the Applicant.**

My patient regularly requires the use of a walking aid – such as a wheelchair, walking frame, a stick or a leg brace.

My patient is registered as blind or partially sighted with their local authority.

My patient is only able to walk very short distances without needing to rest or without requiring the assistance of another person.

My patient has a permanent and substantial disability which means they are unable to walk or have very considerable difficulty in walking.

My patient has a long-term medical condition (for example, an Autistic Spectrum Condition) which makes it impossible for them to travel to the University by any means other than a car and which means they need to park within the University Estate.

My patient has undergone surgery, are undergoing treatment or has had an accident which has left them with a temporary mobility impairment.

My patient is experiencing a difficult pregnancy that makes it impossible for them to travel to the University by any means other than a car and which means they need to park within the University estate.

Please provide further information below including the likely **duration** of their condition and how a disabled parking space would be of benefit to your patient in their particular circumstances. Please continue on a separate sheet as necessary.

**Diagnosis or working diagnosis:** How long has the applicant had the condition/s? Has it or is it likely to last 12 months or more? What is the impact of the condition or conditions for this applicant – in particular with regards to travel to and from work or study? How would this applicant benefit from a parking permit?

In your opinion, if this patient has a temporary mobility impairment please indicate approximately how long they will require use of a University disabled parking space.

**Weeks / months**

(please insert the duration and delete as appropriate).

**Not applicable**  
(Please tick)

(patient has a permanent mobility impairment).

**Signature of GP**

**GP name**

**GP registration No.  
(GMC number)**

**Date**

**Stamp of GP Practice**

Once completed, please return the form to the Patient's home address or arrange for this to be collected.

## Section 3 To be completed by a Disability Adviser from the UoB Disability Services team as an alternative to Section 2 (Section 3 applies to students only)

I declare that the applicant named in Section 1 has had a Study Needs Assessment undertaken that recommends they should have use of a disabled parking space.

(Please Tick)

I further declare that the Study Needs Assessment states that:

(i) The applicant requires an Accessible parking bay rather than a standard sized bay.

(please only tick box if accessible bay required).

(ii) The applicant has a temporary disability and requires a university disabled parking space for the following approximate amount of time.

**Weeks / months**

(please insert the duration and delete as appropriate).

**Not applicable**  
(Please tick)

(applicant has a permanent disability).

**Signature of Disability Adviser**

(please attach electronic signature if this form is being completed electronically).

**Name**

**Position**

**Date**

Once Section 3 is completed, please email this form to the applicant or arrange for the form to be collected.