

Staff Parking Permit Application

Proforma letter from medical practitioner
to confirm caring status



Instruction to parking permit applicant:

- Complete Section 1
- Ask medical practitioner to complete Section 2 (Note: you will be responsible for paying any administration fee they may charge)
- 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.

Section 1 To be completed by the Applicant

Applicant full name

Applicant telephone number or email

Applicant home postal address, including postcode

Dependent full name

Dependent home address, including postcode

Relationship of applicant to dependent (e.g. parent, child, grandparent)

Details of caring responsibilities, including frequency and times when required to travel

Section 2 To be completed by the medical practitioner

You are being asked to confirm that a member of staff at the University of Bristol has daily caring responsibilities for the patient named in Section 1 of this form.

This information is required to support the member of staff's application for a University parking permit. All information will remain confidential.

Please tick

Please tick to confirm that the applicant has caring responsibilities for the dependent named above.

Signature of GP/
Consultant

GP/Consultant
Name

GP/Consultant
Registration No
(GMC number)

Date

Stamp of GP Practice/Consultant