**UNIVERSITY OF SOUTH WALES**

**No.**

**PRIFYSGOL DE CYMRU**

**DISABLED STUDENT APPLICATION FOR A CAR PARKING PERMIT**

**(PLEASE COMPLETE IN BLOCK CAPITALS AND TICK APPROPRIATE BOXES)**

**A. PERSONAL DETAILS**

**SURNAME TITLE**

**INITIALS STUDENT NO.**

**Department Course and Year**

**-------------------------------------------------------------------------------------------------------------------------------------**

**Please provide on a separate sheet a brief statement of the reason for your application. This must include medical or other documentary support. This will be treated confidentially and should include an explicit recommendation that access to parking facilities is necessary. Where a Blue Badge is submitted in support of the application it must be accompanied by a personal statement. \*Please note that a Parking Space is not guaranteed**

**B. VEHICLE DETAILS**

1. **2.**

**Registration Number Registration Number**

**C. PAYMENT METHOD MONTHLY PAYMENT**

**Please visit** [**online**](http://store.southwales.ac.uk/browse/extra_info.asp?compid=1&modid=1&prodid=408) **store to Purchase Your Permit**

**BLUE BADGE HOLDERS**

**NO CHARGE (see above)**

**E. REPLACEMENT BARRIER CARD**

**A £5 fee is charged for any replacement card issued.**

**(PLEASE RETURN APPLICATION TO GATEHOUSE)**

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**CONDITIONS OF PARKING**

1. **I understand that the Permit is for my personal use only and it must not be given to, or used by, anyone else.**
2. **I will return the Permit to the Car Park Manager, Estates when I cancel this agreement with the University of South Wales.**

**3. I will notify the Car Park Manager, Estates promptly of any change in my personal circumstances, requirements for access, or details of my vehicles(s).**

**4. I understand that I must abide by the University Car Parking Rules and Regulations,**

**refraining from unauthorised parking unless prior arrangement is made specifically**

**with Estates, in accordance with the car parking policy.**

**In the event that I contravene these Conditions for Car Parking, on three or more**

**occasions, I am aware that I could forfeit the privilege of being able to park on site and**

**that my Permit may, in consequence, be cancelled.**

**5. I will report theft or loss of Permit immediately to the Car Park Manager.**

**6. Cancellation - Please apply directly to Car Park Manager, Estates if you wish to cancel your permit.**

**F. DECLARATION**

**I hereby declare that I have read, understood and agree to the conditions outlined overleaf. I accept that contravention of these conditions may result in cancellation of the permit and**

**withdrawal of parking rights.**

**SIGNED PRINT NAME DATE**

**FOR COMPLETION ONLY BY AUTHORISED OFFICER**

**I authorise the issue of a parking permit in accordance with the details entered by the**

**applicant.**

**Signed Date**

**FOR OFFICE USE ONLY**

**Amount paid**

**Payment type**

**Permit Start date**

**Permit Expiry date Passcard No.**

**Date of receipt of application Permit No.**

**FOR COMPLETION ONLY BY AUTHORISED OFFICER**

**I authorise the issue of a parking permit in accordance with the details entered by the**

**applicant.**

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