

APPLICATION FOR CONCESSIONARY CAR PARKING

THIS FORM SHOULD BE COMPLETED AND PRESENTED TO THE PATIENT'S
 TRAVEL OFFICE LOCATED IN THE FRONT ENTRANCE

For completion by the Ward Staff or Patients Travel Office

Reason for Claim (please tick box)

Free

- 1) Inpatient 12 weeks (immediate family only)
- 2) Parent visiting sick children
- 3) Carer assisting patient e.g. meal times etc.
- 4) Patients attending Sandra Chapman Centre or any other cancer related appointment
- 5) Relative visiting critically ill patient or at end of life
- 6) To all out-patients who attend hospital for an appointment at least three times within a month (30 days) and for an overall period of at least three months
- 7) Relative bereavement

Concessionary rates

- 8) Immediate relative visiting patient for 5 days or more
- 9) Claimant who is unemployed or on means tested benefits visiting immediate family
- 10) Delay in Outpatient appointment (basic rate fee only)

NOTE: PLEASE TAKE THIS FORM TO THE PATIENTS TRAVEL OFFICE ONCE THIS HAS BEEN AUTHORISED.

Name of person claiming Signed

Name of patient (where different)

For completion by Ward / Department

I confirm that the above information is to the best of my knowledge accurate.

Name Signed

Position Date

For chip coins issued at weekends and out of hours, the relevant section needs to be completed and also the section below.

Number of chip coins issued

FOR OFFICE USE ONLY

Payment received

Signed
Claimant

Signed
Patients' Travel