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**Occupational Health – On Site Car Parking Request Form**

This questionnaire applies to all employees who use company or personal vehicles to commute to work or for business use, including permanent, temporary, contract employees, work experience and volunteers. *An Occupational Health request for parking on site should only be requested on health grounds if you have not been allocated parking by alternate means (i.e. met criteria through access)*

**Name: DOB:**

**Staff Badge Number:**

**Job title**: **Department:**

**Trust:** (CUHFT/Papworth)

Please complete **ALL** sections. (Please tick relevant boxes)

Do you currently fulfil the criteria to park on-site? Yes 🞏

No 🞏

Do you currently have permission to park on-site due Yes 🞏

to a health condition? No 🞏

Is this questionnaire part of the appeal process? Yes 🞏

No 🞏

**Section one:** **Evidence to support your application**

Do you have or receive any of the following? (Please tick relevant boxes)  
1. Blue Disability Badge 🞏

2. GP Letter 🞏

3. GP Fit Note 🞏

4. Personal Independence Payment 🞏

5. None of the above 🞏

If yes, please attach evidence to the questionnaire and email directly to [add-tr.ohhelpline@nhs.net](mailto:add-tr.ohhelpline@nhs.net)

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**Section two**: **Current health** **status**

Do you have a long-term health condition? Yes 🞏

No 🞏

Are you currently being seen in Occupational Health? Yes 🞏

No 🞏

Do you require parking for any of the following physical/mental health issues or impairments?

*Mobility* - (i.e. use of walking aid, pre/post-surgery, 🞏

upper or lower limb loss or disability, manual dexterity

and disability in co-ordination)

*Respiratory* - (i.e. Shortness of breath, difficulty breathing, 🞏

reduced lung function or capacity)

*Fatigue* – (i.e. constant feeling of tiredness/lack of energy) 🞏

*Functional issues* - (i.e. difficulty performing, requiring 🞏

assistance from another to perform one or more

activities of daily living)

Other disability/impairment? 🞏

Please supply more information with regards to your health concerns:

**Section three**: **What type of parking are you requesting?**

Permanent (fixed term for 12 months with further review) 🞏

Temporary (Post surgery, pregnancy related, undergoing treatment, mobility limitations, during a phased return) 🞏

**Section four:** **Current parking use**

Do you currently park on-site? Yes 🞏

No 🞏

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How often do you park on-site? (Please tick relevant box)

Daily 🞏  
4 days a week 🞏  
3 days a week 🞏

2 days a week 🞏

1 day a week 🞏

Where do you currently park?

**Section five:** What hours do you work? (Please tick relevant boxes)

9. Are you a shift worker? Yes 🞏

No 🞏

10. Do you work?

Full time 🞏

Part time 🞏

12-hour shifts 🞏

7.5-hour shifts 🞏

Less than 7.5 hours a day 🞏

Other 🞏

Please give an example of the hours you work and when:

Do you undertake on-call duty? Yes 🞏

No 🞏

Do you work nights? Yes 🞏

No 🞏

Do you work permanent nights? Yes 🞏

No 🞏

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Thank you very much for taking the time to complete this questionnaire.

Please send your completed questionnaire and any supporting evidence to [add-tr.ohhelpline@nhs.net](mailto:add-tr.ohhelpline@nhs.net). Alternatively please leave your questionnaire and evidence with the reception staff at oh Occupational Health and Wellbeing.

Please note that staff requesting temporary parking will be assessed by the Occupational Health Nursing team and a review period will be set.

Any staff that require or request permanent parking due to health grounds will require a consultation with an Occupational Health Physician.

To assist in your application for parking on site we will be sharing and sending a report to access with our recommendations. If you do not consent for this to be done then please either inform the clinician at your appointment or any other member of OH staff during the process (reception etc.).

Please DO NOT send this document to Access, this is not a parking application. This document should only be returned to Occupational Health.