



**UNIVERSITY OF LEEDS**

# **Staff Parking Permit**

**GP / Specialist letter to confirm caring status**

**Letter to GP / Specialist for confirmation of caring status**

Dear GP / Specialist

**Application for a University of Leeds parking permit – confirmation of caring status**

I am a member of staff at the University of Leeds and would like to apply for a staff parking permit. As parking spaces are extremely limited, the University operates a strict parking policy and I am only able to apply for a permit if I meet certain criteria.

One of the criteria asks if I am a carer with a need to attend to a dependent family member during the day (e.g. transporting children aged 11 years and under to and from school or nursery, or caring for a disabled or ill dependent for which a journey by public transport is not possible). I believe I am eligible to apply for a parking permit on the grounds of caring for a disabled or ill dependent and the University of Leeds requests evidence in the form of a letter from a medical practitioner confirming carer responsibilities.

I am required to provide written evidence of my caring status from a GP or healthcare specialist with my parking permit application.

I would therefore be grateful if you could complete and sign Section 3 of the form on the reverse of this letter and return the completed document to my home address. Alternatively, I can arrange to come in and collect it if appropriate. My contact information is given on the reverse of this letter.

The content of the parking permit application form and supporting medical evidence will remain secure and confidential within the University.

I understand that I am responsible for the payment of any administration fees required in connection with you completing this request.

Yours sincerely

Signature

Printed name  Date

## Section 1 To be completed by the Applicant

Applicant's full name

Applicant's contact telephone number

Applicant's email address

Applicant's home postal address including post code

## Section 2 To be completed by the Applicant

Dependent's full name

Dependent's home postal address including post code (if different from above)

Relationship of Applicant to Dependent (e.g. daughter, father, grandmother)

## Section 3 To be completed by the GP/ Specialist

Please tick to confirm that the applicant named in Section 1 has caring responsibilities for the dependent named above in Section 2

Signature of GP / Specialist

Stamp of GP / Specialist

GP/Specialist Name (please print)

GP/Specialist Registration No:

Date

For Office Use Only:

Date Received

Received By

Signature