

Disabled Staff/Student Parking Permit Application Personal Supporting Statement



Please complete this form and upload it with other supporting documents as part of your parking permit application.

Applicant name

University email address

Do you regularly require the use of a walking aid - such as a wheelchair, walking frame, a stick or a leg brace?

Yes No

Are you registered as blind or partially sighted with your local authority?

Yes No

Are you only able to walk very short distances without needing to rest or without requiring the assistance of another person?

Yes No

Do you have a permanent and substantial disability which means you are unable to walk or have very considerable difficulty in walking?

Yes No

Do you have a long-term medical condition which makes it impossible for you to travel to the University by any means other than a car and which means you need to park within the estate?

Yes No

Have you undergone surgery, are undergoing treatment or have had an accident which has left you with a temporary mobility impairment?

Yes No

Are you experiencing a difficult pregnancy which makes it impossible for you to travel to the University by any means other than a car and which means you need to park within the University estate?

Yes No

Please use the box below to provide any further information on the nature of your medical condition and the impact that it has on your ability to reach your place of work, focusing on any restrictions in terms of access to alternative means of travel. You should provide as much detail as possible to demonstrate to the Occupational Health Service why a car parking space would be of benefit to you in your particular circumstances.