The University of Edinburgh

Occupational Health Unit

# Staff Parking Health Assessment Application

# Request for Support

# STRICTLY PRIVATE & CONFIDENTIAL

Please complete fully and return to [Occupational.Health@ed.ac.uk](mailto:Occupational.Health@ed.ac.uk) , Occupational Health Unit, Drummond Street Annexe, Drummond Street, Edinburgh EH8 9XP

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| **SECTION 1** | | **YOUR DETAILS** | | | | | | | | | | |
| Full Name: | |  | | | | | | | | | | |
| Date of Application: | |  | | Job Title: | |  | | | | | | |
| Date of Birth: (mandatory) | |  | | Staff ID no: (mandatory) | | | | | |  | | |
| Contact Tel: | |  | | Email: | | | | | |  | | |
| **SECTION 2** | | **APPLICATION DETAILS** | | | | | | | | | | |
| Have you ever been assessed for parking permit support previously | | | | | | | | | | | Yes | No |
| If yes please give details | | | | | | | | | | |  | |
| Have you ever been refused support | | | | | | | | | | | Yes | No |
| If yes please give details | | | | | | | | | | |  | |
| Reason for current application: | | | | | | | | | | | | |
| Period of time permit required: | | | From | |  | | | To | | |  | |
| Medical report / evidence provided? | | | | | | | | | | | Yes | No |
| Mobility affected | | | | | | | | | | | Yes | No |
| Is there a requirement for adjustment due to disability? | | | | | | | | | | | Yes | No |
| **FOR OCCUPATIONAL HEALTH UNIT USE ONLY** | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | |
| Name of Advisor: |  | | | | | | Date: | |  | | | |
| Signature Advisor: |  | | | | | | | | | | | |