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 , 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: |  |