



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

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:						