

Confidential

Medical Assessment for a permit to park

Please return the completed form marking the envelope 'Private and confidential' to: Student Support and Wellbeing Manager, Room G0-05, Gillingham Building University of Kent, Chatham Maritime, Kent ME4 4AG

Medway campus

It is the University procedure for any student, who lives within an 'exclusion' zone and who has a medical condition which does not entitle a Blue Badge, to request their GP to complete this form. This form aims to provide evidence to the Student Support and Wellbeing Manager that demonstrates that the student has a medical condition that restricts travelling to the University by public transport or means other than by car and informs what type of parking is required. It is the student responsibility to pay any fees to the GP in connection with the completion of this form.

| To be completed by patient | |
|--|--|
| Date of request | Student ID number |
| Family name | First name(s) |
| University email address | Contact phone number |
| Signature | |
| | |
| To be completed by the applicant's General F | Practitioner |
| Please tick what criteria are applicable to your patient | |
| The person has a medical condition or reason related to health that causes restricted mobility. This condition means that the person is unable to walk more than short distances e.g. further than 100 yards and therefore requires a disabled parking space as near as possible to the building. Please give further detail which will support the patient's application. | |
| There is a medical condition or reason related to health that prevents travel to University by means other than by car. However, access to a disabled bay would not be required. Please give further detail which will support the patient's application. | |
| None of the above criteria apply. Please tick whether this condition is permanent or temporary. If temporary in nature please indicate an approximate period of time during which the parking space is likely to be necessary. Permanent. Temporary required for weeks / months. | |
| General Practitioner signature | Stamp of GP Practice or Health Centre: |
| _ | |
| GP signature | |
| GP name | |
| GP registration no | Date: |

Terms and Conditions

- 1. The named person consents to the disclosure of this information and hereby authorises the Student Support and Wellbeing Manager to provide the same for the purposes of assessing their need for University car parking provision.
- 2. All statements in support of this application are true and accurate to the best of my knowledge.
- 3. This form will be treated as special category information and will be securely stored in accordance with data protection regulations.
- 4. A secure record will be kept of all students who are deemed to have a permanent medical condition that will necessitate parking provision.
- 5. The University may make its own reasonable enquiries and make reasonable use of any records it may have about the student provided they are directly relevant to the matters contained in the application and there is no breach of confidentiality.

How we use your data

The University holds and processes personal data under data protection legislation. Personal data, including special category data, supplied by you on the application form will be used solely for the purposes of issuing a parking permit, providing you with parking information updates and in an anonymised format to produce statistics. The Transport Team may share your parking permit information with payroll to set up salary deductions where relevant. The University makes every effort that the information held is accurate and up-to-date. It may, however, rely on you to inform the Transport Team of any change in personal data. If you have a reasonable cause to believe that we have used your data inappropriately and would like to make a complaint you can contact the Director of Estates, University of Kent, who will investigate the matter further. For more information please contact us on the contact details below.

Transport Team,

Security and Transport Centre, University of Kent, Canterbury, CT2 7NQ

T: 01227 823609 E: TransportTeam@kent.ac.uk W: www.kent.ac.uk/transport

Opening Hours: 08:30 to 17:00 Monday to Friday excluding bank holidays

