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Frimley Health NHS
NHS Foundation Trust

Travel Plan Permit Application and Payment Request Form

To process this application please book an appointment on ext. 3366, 3922, 4107 or email travel.enquiries@fhft.nhs.uk

Section 1 – Personal Details

1. New Application..... Update/ Renewal..... Permit no..... Fob.....
2. First and Last Name: .....
3. Payroll Number: .....
4. Organisation (employer): .....
5. Job Title: ..... Consultant/Director.....
6. Home Address: .....

   .....Post Code: .....
7. Vehicle Registrations: (1)..... (2).....
8. Parking Access Required:
   a. Wexham Park B. Heatherwood c. Frimley Park
9. Shift (days/times): ..... Weekends: .....(yes/no)
10. Contact details: Work: ..... Mobile: .....
11. Do you live at the onsite accommodation? (Yes/No) If yes, only fob will be issued.

Payment Authorisation Request

Part Time (PT) = 20hrs per week or less, Full Time (FT) = Over 20hrs per week

a. Permanent Staff **1% of gross salary via salary deductions (capped at £27 per month PT or capped at £34 per month FT)**
b. External Staff **1% of gross salary (capped at £27 per month PT or capped at £34 per month FT) via cashiers**
c. Students **£12 per month PT or £15 per month FT via cashiers**

d. Payment Method: Cheque..... (via cashiers Office) Cash..... (via Cashiers Office)

e. Payment: £..... For..... Months

f. Signature: ..... Date: .....

g. Manager Signature: ..... Date: .....

Information supplied will be used in accordance with the Data Protection Act 1998. All applicants should note that any information provided maybe entered into car parking/security database(s) used to manage car parking at the Trust

INVESTORS IN PEOPLE

In partnership with the Ministry of Defence