



Residents' Parking Scheme Application Form for a Medical Permit

Use this form if you provide domiciliary healthcare to residents living in RPS areas.

Section A: Contact details

Your name:

Address:

.....

.....

Post Code:

Phone:

Email:

Name and address of the organisation you work for:

.....

.....

Name position of your manager/contact at the above organisation:

.....

Their phone:

Their email:

Section B: Domiciliary care details

Please provide details of the type of domiciliary medical or personal care provided:

.....

.....

.....

.....

Section C: Professional registration details

Please provide the date your organisation was registered with the Care Quality Commission:

.....

Or your Registration/Licence number(s) and name of official body you are registered with for every individual requiring use of a medical permit:

Name	Registration/licence number and official body

Continue on a separate sheet if you have more requests

Section D: Permit request

Permits cost £284 each per year and can carry two vehicle registration numbers.

Please state how many permits you wish to apply for:
(one per named healthcare provider)

You must provide one of the following for each vehicle:

- A copy of the Vehicle Registration Certificate/s naming the organisation/business/applicant as the keeper of the vehicle, or
- A copy of the lease agreement/s showing the organisation/business/applicant as the lease, or
- A copy the Vehicle Registration Certificate/s naming the healthcare provider/carer as the keeper of the vehicle

and

- An official letter from the employer stating that each named healthcare provider/carer undertakes domiciliary care within a residents' parking scheme area

and

- Confirmation the vehicle used by the healthcare provider/carer is insured for business purposes

Section E: Vehicle registration details

Please provide the names and registration details of each healthcare provider/carer:

	Names	Vehicle registration numbers
Permit 1		
Permit 2		
Permit 3		
Permit 4		
Permit 5		
Permit 6		
Permit 7		

Continue on a separate sheet if necessary

Section F: Declaration

- I declare that I/those named in Section C are required to provide domiciliary personal or healthcare or medical care
- I declare that I/those named in Section C are required to provide domiciliary care to clients or patients within any of the City Council's residents' parking schemes
- I undertake to surrender my medical permit(s) if I/those named in Section C cease to be a healthcare provider
- I undertake to surrender my medical permit(s) if I/those named in Section C cease to provide domiciliary care
- The Council is under a duty to protect the public funds it administers and to this end may use the information you have provided for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information see www.bristol.gov.uk/nfi or contact the Permits Team on 0117 922 2600.
- I undertake to surrender my medical permit(s) if I/those named in Section C cease to keep or use the vehicle the registration number of which is shown in Section C
- I declare that to the best of my knowledge, all the information I have provided is correct

Please print your name:.....

Signature:Date:

If you would like to know more about how, why or when we might share your information, or to receive a copy of the information we hold that relates to you, please see section I below.

Section G: Payment options

Please note: these permits allow you to park in any residents' permit holder or shared-use parking bay but not in pay & display only bays. They are NOT valid in the Controlled Parking Zone (CPZ).

Cost per permit per year £284

- Online at www.bristol.gov.uk/pay
- Cheque or postal order made payable to Bristol City Council (write your name and address on the back)

Section H: Before you return the form to us please check that you have:

1. Completed Sections A-C & E
2. You have attached the right documents from Section D
3. Signed the declaration at Section F
4. Either enclosed payment **or** made arrangements to pay at a Citizen Service Point (CSP)

Once you have completed this form you can upload it to our website by visiting www.bristol.gov.uk/rpsdocuments and following the instructions.

Or print it out and send it back to us at:

Bristol City Council
Parking Services (Permits)
PO Box 3399
Bristol
BS1 9NE

Section I: Privacy

If you would like more information about how we collect and use your data please read our Privacy Policy online at <https://www.bristol.gov.uk/rpsprivacynotice> or contact: Senior Data Protection Officer, Bristol City Council, ICT Commissioning and Information Governance, PO Box 3399, Bristol, BS1 9NE or email: dataprotection@bristol.gov.uk

Translations and other formats

If you would like this information in another language, Braille, audio tape, easy English, BSL video or CD rom or plain text, please contact: parking.permits@bristol.gov.uk or call us on 0117 922 2600