



QUEEN ELIZABETH II MEDICAL CENTRE

Green Commuter Car Park

If you have any queries or require any further information regarding the completion of this Application Form, please contact 1800 356 406. Once complete please forward to Parking Branch, A Block 3rd Floor.

PLEASE COMPLETE THIS FORM USING CAPITAL LETTERS. ALL SECTIONS SHOULD BE COMPLETED. TICKBOXES SHOULD BE MARKED WITH AN X

Title Mr Mrs Ms Dr Prof Other (please specify)

First Name

Surname

Position Title

Organisation

Department

Contact Number

Residential Address

YOUR VEHICLE DETAILS

Main Vehicle	Second Vehicle
Manufacturer:	Manufacturer:
<input type="text"/> (eg Ford)	<input type="text"/> eg (Ford)
Model:	Model:
<input type="text"/> (eg Falcon)	<input type="text"/> eg (Falcon)
Colour:	Colour:
<input type="text"/>	<input type="text"/>
Registration Number (First Vehicle) <input type="text"/>	Registration Number (Second Vehicle) <input type="text"/>

CRITERIA FOR ASSESSMENT

- Which type of alternative transport will you be using? Car pooling Cycling Public Transport Walking
- If you are not car pooling, how many days will you need to use the Green Commuter Car park per week? 1 day 2 days

CAR POOLERS ONLY

- Are you currently carpooling? (If no please go to question 5) Yes No
- If yes, please list their names and extension number

Name	<input type="text"/>	Ext Number	<input type="text"/>
Name	<input type="text"/>	Ext Number	<input type="text"/>
Name	<input type="text"/>	Ext Number	<input type="text"/>
- Would you like to go on the car pooling register? Yes No

Please fill out the following details for the car pooling register

6. Do you have a valid drivers licence? Yes No
7. Do you want to share the driving? Yes No
8. Are you a smoker? Yes No
9. Are you happy to pick up passengers en route from your suburb? Yes No
10. Preferred passengers? Female Male
11. Approximate departure time?
12. Approximate return time?
13. Did you want to car pool one way or return? One way Return
14. Number of days per week?

Applicant's signature

Date

DECLARATION

I acknowledge that this application is for the purchase of a parking permit in the Green Commuter Car Park.

I agree that I shall use alternative transport (cycle, public transport, walk) three times or more a week.

I agree to abide by the Queen Elizabeth II Medical Centre (Delegated Site) By-laws 1986 as amended.

The QEII MC Trust and SCGH accepts no liability for the loss or damage to vehicles parked in any car park operated and managed by the QEII MC Trust.

I agree to inform Parking Branch of any changes to the information provided on this form. I understand that failure to inform Parking Branch may result in the revocation of my permit.

I understand that Green Commuter Car Park fee will be 60% of the prescribed fee as noted in the Park Policy.

I understand that the QEII MC Trust reserves the right to withdraw my permit or change my allocated parking area.

I understand that the access control card issued to me remains the property of Sir Charles Gairdner Hospital. It is **not transferable** and will be surrendered on leaving or on demand by an Authorised Person. I acknowledge a replacement card will incur a charge of \$22.00.

I understand that refunds will not be made for absences i.e. sickness/maternity leave etc unless the permit and swipe card are returned to Security. Refunds will also not be made if any changes in circumstances are not reported to the Parking Branch i.e. changes of occupation, working hours.

I have read the above and agree to abide by the conditions as set out by SCGH on behalf of QEII MC Trust.

I understand that, should I knowingly and deliberately make a false statement, I will be liable to disqualification from the allocation process. I understand that if this form has not been completed fully, it will not be considered for the re-application process.

I understand that, should I certify this application knowingly that the information is provided is false, I will be liable to disqualify from the allocation process.

FOR OFFICE USE ONLY

PARKING COMMITTEE

Approved Not approved Date

Comments

SECURITY

Permit Number:	<input type="text"/>	Date of issue	<input type="text"/>
Car park location	<input type="text"/>	Date of expiry	<input type="text"/>
Colour permit	<input type="text"/>	Old permit number	<input type="text"/>