



WESTMEAD HOSPITAL STAFF PARKING APPLICATION FORM

This form is for NSW Health employees (other than Visiting Medical Officers) to apply for parking at Westmead Hospital parking facilities. Application are received **ONLY** via email.
 Completed form to be emailed to: WSLHD-Westmead-SecureParking@health.nsw.gov.au

PERSONAL DETAILS (PLEASE PRINT CLEARLY)			
SURNAME		GIVEN NAME (S)	
ASSIGNMENT NUMBER		EMAIL ADDRESS	
CARD NUMBER (located at Back of ID/ Access Card)			
PHONE – Home/ Mobile		PHONE - Work	
VEHICLE REGISTRATION (1)		VEHICLE REGISTRATION (2)	

WORK & OTHER DETAILS	
POSITION TITLE	
DEPARTMENT NAME	
EMPLOYMENT STATUS	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary - end date ____ / ____ / ____ .
DO YOU HAVE DISABILITY PERMIT?	<input type="checkbox"/> YES Permit Number (attach copy of permit): _____ <input type="checkbox"/> NO
HOURS OF EMPLOYMENT	<input type="checkbox"/> Fulltime <input type="checkbox"/> Part time (<i>Must be working ≤ 32 hrs/week</i>)

PAYROLL DEDUCTION AUTHORISATION AND DISCLAIMER
<p>I hereby authorise Western Sydney Local Health District to deduct the published parking fee on a fortnightly basis via payroll deduction.</p> <p>I understand and acknowledge that:</p> <ul style="list-style-type: none"> Parking fee is subject to change and fee increase is in line with the <i>NSW Health Policy Directive PD2013_031</i>. I must comply with the relevant parking management guidelines, procedures and signage in parking at Westmead Car Park facilities and failure to comply may result in my parking privilege being revoked. It is my responsibility to notify Secure Parking via email WSLHD-Westmead-SecureParking@health.nsw.gov.au of any change to the details provided by me on this form. <p>Signature: _____ Date: _____</p>

OFFICE USE ONLY
DATE RECEIVED _____
<input type="checkbox"/> WAITLIST APPROVED BY: _____ SIGNATURE: _____ DATE _____ <input type="checkbox"/> ACCESS GRANTED
DATE NOTIFICATION SENT TO SECURE: _____ DATE STAFFLINK FILE PROCESSED : _____