

Needs Based Parking Policy Application Form for 2023

Introduction

This application form must be completed in full by staff seeking a parking permit for assessment against the Needs Based Parking Policy Criteria. The purpose of this form is to gather information for review against the criteria.

Staff, students and tenants who wish to park at the Wellington Regional Hospital Campus must have a parking permit. Your application will be reviewed by the Capital, Coast and Hutt Valley Contracted Services Department and the parking management contractor, Care Park.

To proceed you must agree to the [Terms and Conditions](#).

In making this application, you understand and consent to the evaluative information, along with your personal information being provided to CarePark to assess your application. If your application is successful, CarePark will keep this information on record to invoice and make contact with you as required to fulfil its obligations as parking contractor.

Application Process

- Staff agree to terms and conditions
- Staff complete this application form.
- Staff submit application to Capital, Coast and Hutt Valley Contracted Services Department for review
- Application is assessed by the Capital, Coast and Hutt Valley Contracted Services Department and the parking management contractor
- Staff contacted by parking management contractor with outcome of application
- Appeal Board reviews any appeals to outcome of assessment.

What you need to complete this application

- Vehicle registration number
- The name of the organisation you work for
- Email address (work or personal)
- Mobility Parking Permit scheme number (if applicable - Holders of mobility permits issued by the Mobility Parking Permit scheme administered by CCS Disability Action are guaranteed a Capital, Coast and Hutt Valley Parking Permit under the Needs Based Parking Permit.)
- Roster(s) covering at least 4 weeks within the last 3 months (if a shift worker or working across sites)
- Proof of address (a utility bill or equivalent item with the applicants name and address on the letterhead of a reputable organisation, if unable to provide proof of address please contact Kenny.McCaul@ccdhb.org.nz)

When can you apply

- All New starters can apply within the first 4 weeks of starting at CCHV
- If there is a change to your roster and it now contains Call back (on call) requirements.
- Annually as part of the annual application intake.
- If you have had a change in circumstances that would qualify you under Priority group 1 or 2 as per the CCHV Needs Based parking policy.

This application form along with proof of address and copies of rosters (if required) must be submitted to permitapplication@ccdhb.org.nz.

1. General Information

Please provide the following information to assist with processing your application

Name:

Email address:

Phone number:

Employer:

Residential Address:

Primary vehicle registration:

[Are you a new starter that has been employed for 4 weeks or less](#)

Yes / **No**

Employment start date (for new starters only):

2. Special Permit Types

The Needs Based Parking Policy establishes (or carries over) permits for specific groups and activities. These are:

- Call-Back Permit (for use only when staff are called back while rostered on call)
- PM shift Permit (for use only when rostered on an afternoon shift)

Note:

- If your roster now contains Call back (on call) requirements and you require a call back permit but no other permit type, or you already hold another permit type, please complete only the special permit types section and provide approval from your direct line manager (can be email).
- Night shift Staff will continue to not require a permit and be able to park in the underground carpark

Work Based Permit Types

Does your role include call back requirements? Yes / No

Are you regularly required to work shifts that finish between 8pm and midnight? Yes / No

Holders of mobility permits issues by the Mobility Parking Permit scheme administered by CCS Disability Action are guaranteed a Capital, Coast and Hutt Valley Parking Permit under the Needs Based Parking Permit.

Mobility Parking Permit

Do you hold a Mobility Parking Permit? Yes / No

If yes what is your permit number? _____

3. General Permit Criteria

Are you regularly rostered or required to work unsociable hours (starting before 7am and finishing after 7:30pm) and do not have access to a PM shift Permit or Night Shift Parking? Yes / No

*If ticking yes, please provide a copy of your roster (covering at least 4 weeks) or a signed letter from your manager confirming this

Would a journey to your worksite take longer than 60 minutes according to the [Metlink Journey Planner](#) for arrival at 7am. Yes / No

Do you regularly (two or more times a week) work across health sites within a day where fleet cars are not an option Yes / No

*If ticking yes, please provide a copy of your roster (covering at least 4 weeks) or a signed letter from your manager confirming this

Do you have primary carer responsibilities for a disabled, elderly or ill dependent? Yes / No

Do you have primary carer parental responsibilities AND transport your child(ren) (up to and including the age of 14) immediately before or after work to/from pre-school, school or childcare? Yes / No

Do you not meet any of the above criteria but still wish to apply for a permit? Yes / No

4. Ineligibility

Staff who live within a 15 minute public transport (or walking) journey as defined by less than 15 minutes according to the [Metlink Journey Planner](#) for arrival at 7am, including walking and transfer times, are not eligible for a general parking permit (note: staff eligible for a special permit type are able to use these permits and/or holders of mobility permits will be eligible for a general permit).

Applications which do not provide proof of address will not be considered.

Non-clinical contract staff with contracts less than 12 months are not eligible for parking permits.

Ineligibility

Do you live within 15 minutes of your worksite by Public Transport? Yes / No

Are you a non-clinical contractor with a contract of less than 12 months? Yes / No

Note: Any remaining after allocation to Priority Groups 1-4 may be issued to applicants who would otherwise be ineligible.

Declaration

I confirm that all information I have submitted is accurate and true.

Name: _____

Signature: _____

Date: _____

Please submit your completed form and supporting information to
permitapplication@ccdhb.org.nz