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# Healthcare Parking Permit Guidance Notes and Application Form

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Healthcare Permits are issued at the discretion of Bedford Borough Council to organisations whose doctors, nurses, midwives and health visitors provide services to clients in their homes throughout the Controlled Parking Zone (CPZ)

Each organisation must have a designated 'Healthcare Permit Administrator'. The designated administrator must sign to authorise each application (for both new permit applications and for 'change of details' applications). Should the name of the designated administrator change, Parking Services should be informed via email at [parking.services@bedford.gov.uk](mailto:parking.services@bedford.gov.uk)

The permit allows the vehicle to park for **up to 2 hours** within a marked pay-and-display or permit-holder bay in the CPZ. **It is not permitted to return the vehicle to the street within one hour of leaving the bay.**

The permit does not allow the vehicle to be parked on yellow lines, footways, verges, across an access, in private and Council car parks, in taxi ranks, disabled, or loading bays. Parking in these areas carries the risk of a Penalty Charge Notice being issued. Currently the charge is up to £70 reduced to 50% if paid within 14 days. Staff should be made aware of these restrictions.

**The permit must not be used by employees for parking at or near their place of work. Only one permit may be issued to each member of staff irrespective of the number of vehicles they possess. Evidence of employment must be submitted with every new application.**

The vehicle registration and expiry date will show on the face of the permit. The permit is not transferable between vehicles. If the vehicle is changed, a new application form will need to be completed and submitted with copies of the supporting documentation. Please do not send originals (proof of employment is not required for a change of vehicle). **The cost to re-issue a permit is £5.**

If the permit is lost or mutilated, the administrator should inform the Council immediately in writing. **The cost of replacing the permit is £10.**

The permit must be surrendered if:

- The organisation or employee ceases to provide healthcare within the CPZ;
- The employee to which the permit was issued leaves the organisation;
- The vehicle for which the permit was issued changes ownership.

The permit may be revoked if the Council has reason to believe that it is not being used in accordance with the regulations. The Council also reserves the right to ask for further proof to establish the way in which a permit is being used; this may include checking with the Area Health Authority or other official body.

**Each permit costs £20 and will be valid until 30 November 2018**

Please return to Parking Services, Bedford Borough Council, Borough Hall, Cauldwell St., Bedford MK42 9AP or email your completed application, together with copies of the required documentation to [parking.services@bedford.gov.uk](mailto:parking.services@bedford.gov.uk). Should you have any queries when completing the form, please contact Parking Services via email (as above).

OFFICIAL USE ONLY	Date Issued		Permit Number	
	Documents checked		Payment method	
	Authorised by		Amount paid	
	Actioned by			

**PART 1 – TYPE OF APPLICATION**

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- Healthcare Parking Permit £20  
**Proof of employment and vehicle ownership attached**
- Change of vehicle details (Re-issue Permit) £5  
**Proof of new vehicle ownership and old permit attached**
- Duplicate Permit (Original Lost / Mutilated) £10  
**Please explain why permit has not been returned:**  
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**AMOUNT ENCLOSED: £**

Cheque: Please make payable to Bedford Borough Council  
Debit / Credit Card: Please provide a contact number and we will ring you for your card details.

**PART 2 – DESIGNATED HEALTHCARE PERMIT ADMINISTRATOR**

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Forename(s) in Full .....Surname .....Title .....  
Job Title .....

**PART 3 – ORGANISATION DETAILS**

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Name of Organisation .....  
Department .....  
Address .....  
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..... Postcode .....  
Telephone number ..... Email .....

**PART 3 - DETAILS OF APPLICANT**

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Forename .....Surname .....Title .....

Job Title .....

Work Address .....

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..... Postcode .....

Telephone number ..... Email .....

**PART 4 – PROOF OF EMPLOYMENT (Please do not send originals)**

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Documents required:

- Contract of Employment
- Payslip
- Letter from Personnel confirming employment

**PART 5 – PROOF OF VEHICLE OWNERSHIP**

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Vehicle Registration Number .....

Make .....

Model .....

Colour .....

Supporting documentation:

**Please note: The permit cannot be issued if supporting documentation is not submitted**

- V5C
- Insurance Certificate
- Hire Agreement (showing VRM, name, start and end date of hire agreement and the address where the vehicle will be kept
- Letter from organisation stating that the vehicle is registered to them and that the employee has sole use

**PART 6 – USE OF PERMIT**

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Please explain how a Healthcare Permit would be used and provide details of the work / duties required to be carried out ('visiting patients within the CPZ is not sufficient to consider whether the applicant is eligible for a permit).

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**PART 7 – DECLARATION**

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**TO BE SIGNED BY THE DESIGNATED HEALTHCARE PERMIT ADMINISTRATOR**

I have read and understood the conditions of use relating to the use of the permit and certify that:

- The member of staff will not use the permit for parking at or near their place of work;
- The permit will be surrendered to Bedford Borough Council in the event that the member of staff ceases to provide healthcare;
- The permit will be surrendered to Bedford Borough Council in the event that the member of staff leaves the organisation;
- The permit will be surrendered to Bedford Borough Council in the event that the vehicle for which the permit was issued changes ownership;
- Bedford Borough Council will be informed in writing should the administrator / manager change.

It is an offence for a person to knowingly make a false statement for the purposes of obtaining a healthcare parking permit. The council will not hesitate to prosecute and a conviction will result in substantial penalties.

Signature .....

Date .....