**Staff Car Parking Registration**

By entering your details below and submitting this form you indicate your agreement to comply with Humber Teaching NHS Foundation Trust Car Parking Management System & Policy.

The Trust is only allowing **two vehicles** per staff member to be registered onto the system

Completed forms should be sent electronically to: [hnf-tr.carparkingregistration@nhs.net](mailto:hnf-tr.carparkingregistration@nhs.net)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |
|  |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  |
| **Staff Assignment Number** | | | | | |  |  | |  | |  | |  | |  | |  | |  | |
| **First Name** | |  | | | |  |  | |  | |  | |  | |  | |  | |  | |
| **Last Name** | |  | | | |  |  | |  | |  | |  | |  | |  | |  | |
| **Tel Number** | |  | | | |  |  | |  | |  | |  | |  | |  | |  | |
| **E-Mail Address** | |  | | | |  |  | |  | |  | |  | |  | |  | |  | |
| **Main Base** | |  | | | |  |  | |  | |  | |  | |  | |  | |  | |
|  |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  |
| **First Vehicle Details** | |  | | | |  |  | |  | |  | |  | |  | |  | |  | |
|  |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  |
| **Vehicle Registration** | |  | | | |  |  | |  | |  | |  | |  | |  | |  | |
| **Vehicle Make** | |  | | | |  |  | |  | |  | |  | |  | |  | |  | |
| **Vehicle Model** | |  | | | |  |  | |  | |  | |  | |  | |  | |  | |
|  |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  |
| **Second Vehicle Details** | | | | | |  |  | |  | |  | |  | |  | |  | |  | |
|  |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  |
| **Vehicle Registration** | |  | | | |  |  | |  | |  | |  | |  | |  | |  | |
| **Vehicle Make** | |  | | | |  |  | |  | |  | |  | |  | |  | |  | |
| **Vehicle Model** | |  | | | |  |  | |  | |  | |  | |  | |  | |  | |