Applications for Temporary Parking Permits for Mobility Impairment Issues Policy

The University recognises that temporary mobility issues can occur and this may lead to an increased need of car use for travel to work / business use.

Temporary mobility issues may include

* medical restrictions on walking and general movement;
* complicated pregnancies.

Applicants affected by temporary mobility issues

* can apply for a car parking permit outwith the annual application window as the mobility issue occurs;
* will be asked to attend an assessment by the University’s Occupational Health Unit.

For the assessment by the University’s Occupational Health Unit, the applicant should follow the following steps:

1. Obtain a statement by their GP in relation to the mobility issue.

Please note: Any fees for a GP statement are to be paid by the applicant. It is expected that the GP statement is obtained before the Occupational Health assessment;

1. Obtain a referral by their line manager for assessment by the University’s Occupational Health Unit, following University policy as outlined here -<https://www.gla.ac.uk/myglasgow/humanresources/all/health/occhealth/>
2. Attend assessment at the Occupational Health Unit (OHU) at 63 Oakfield Avenue, Glasgow, G12 8LP.

Based on the assessment, the OHU will give a recommendation to Estates and Commercial Services to approve or refuse the application made. The recommendation will include an expected period of time for which a permit is required, with a **maximum** of 12 weeks. The parking permit system administrator will update the application system accordingly.

Employees requiring longer than this maximum are advised to apply for a blue badge.

1. An email confirming whether a permit has been granted, will be send to the applicant.

If a campus car parking permit is granted based on temporary mobility issues, the email will clearly state a time limit for permit validity.

A permit obtained under this policy does not allow the permit holder to park in reserved spaces for blue badge holders.

If a permit is granted based on the information contained in the application and recommendation given by Occupational Health, the cost for the permit will be pro-rata for the expected period of permit required.

This procedure deals with temporary mobility issues only. Please note, that applicants with permanent mobility issues, mobility issues without expectation of improvements or recurring health issues which may require an increased use of private vehicles are advised to apply for a Blue Badge.

For more information please visit <https://www.glasgow.gov.uk/index.aspx?articleid=17226>

Appendix

* Staff Parking Health Assessment Application (for use by Occupational Health Unit only)

The University of Glasgow Occupational Health Unit

Vehicle Management and Enforcement Scheme

**Staff Health Assessment to support parking permit application**

**STRICTLY PRIVATE & CONFIDENTIAL**

Please complete fully and return to [ohu@admin.gla.ac.uk](mailto:ohu@admin.gla.ac.uk), Occupational Health Unit, 63 Oakfield Avenue, Glasgow, G12 8LP

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| **SECTION 1** | | | **YOUR DETAILS** | | | | | | | | | | | |
| Full Name: | | |  | | | | | | | | | | | |
| Date of Application: | | |  | | Job Title: | |  | | | | | | | |
| Date of Birth: (mandatory) | | |  | | Staff ID no: (mandatory) | | | | | | |  | | |
| Contact Tel: | | |  | | Email: | | | | | | |  | | |
| **SECTION 2** | | | **APPLICATION DETAILS** | | | | | | | | | | | |
| Have you ever been assessed for parking permit support previously | | | | | | | | | | | | | Yes | No |
| If yes please give details | | | | | | | | | | | | |  | |
| Have you ever been refused support | | | | | | | | | | | | | Yes | No |
| If yes please give details | | | | | | | | | | | | |  | |
| Reason for current application: | | | | | | | | | | | | | | |
| Period of time permit required: | | | | From | |  | | | | To | | |  | |
| Type of permit applied for: | Standard Annual Y/N Flexible/Ad hoc Y/N | | | | Location of Permit applied for: | | | | Gilmorehill Campus Y/N Garscube Campus Y/N Tay House Y/N | | | | | |
| Medical report / evidence provided? | | | | | | | | | | | | | Yes | No |
| Mobility affected | | | | | | | | | | | | | Yes | No |
| Is there a requirement for adjustment due to disability? | | | | | | | | | | | | | Yes | No |
| **FOR OCCUPATIONAL HEALTH UNIT USE ONLY** | | | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | | | |
| Name of Advisor: | |  | | | | | | Date: | | |  | | | |
| Signature Advisor: | |  | | | | | | | | | | | | |