

Application for Car Parking Privilege



Please submit the completed form to the RCH Parking Administrator – Facilities Department Level 4 – Corporate Offices or email to: CARPARK.ADMIN@RCH.ORG.AU

Name:		RCH Employee No:
Position Title:		Extension:
Department:		
Mobile No:		
Email:		
Employment Status:	Full-time:	<input type="checkbox"/>
	Full-time with On-call:	<input type="checkbox"/>
	Part-time:	<input type="checkbox"/>

Applicant Declaration

I acknowledge that car parking at RCH is a privilege and is governed by the RCH Car Park policy and terms and conditions. I understand that failure to comply with terms and conditions could result in car parking access being revoked.

Name: _____ Date: / /

Signature: _____

For Car Park Administration Use Only

Carpark Administration	Payroll Administration
<input type="checkbox"/> Actioned – Chris21 <input type="checkbox"/> Actioned – Carpark Register <input type="checkbox"/> Actioned – Emailed Applicant Name: _____ Signature: _____ Date: / /	<input type="checkbox"/> Actioned – Deductions Commenced Name: _____ Signature: _____ Date: / /

STAFF PARKING PAYROLL DEDUCTION AUTHORITY FORM



Your attention is directed to the terms and conditions of parking which apply at The Royal Children's Hospital.

Whenever parking your vehicle in the RCH car park, you're doing so will be construed as your acceptance of the terms and conditions as outlined in the RCH Car Parking Policy. Failure to adhere to this policy could result in revocation of parking privileges.

Please complete this form to record your agreement to adhere to all terms and conditions.

I	<hr/>	(FULL NAME, BLOCK LETTERS)
OF	<hr/>	(ADDRESS)
authorise the Paymaster of the Hospital to deduct the sum of:		
<input type="checkbox"/>	\$100 per fortnight – Motor Vehicle	Registration No: <hr/>
<input type="checkbox"/>	\$50 per fortnight – Motor Cycle	Registration No: <hr/>
From my salary together with adjustments the Hospital Executive hereafter authorises.		
I acknowledge my payments for parking will continue until a termination form has been completed and forwarded to the carpark administrator.		
I acknowledge that the permit is issued and charges levied, in the knowledge and on the basis that the permit holder will be absent for some periods such as annual leave, sick leave and ADO's. I also acknowledge that the permit is for my exclusive use and will not be transferred to any other person.		
I have read and received a copy of the terms and conditions of parking and agree to accept and adhere to these conditions at all times when parking my vehicle in the Royal Children's Hospital car park.		
Name:	Signature:	Date: / /

Please submit the completed form together with your application form to the RCH Parking Administrator – Facilities Department Level 4 – Corporate Offices or email to: CARPARK.ADMIN@RCH.ORG.AU

For Payroll Administration Use Only		
<input type="checkbox"/> Actioned – Deductions Commenced		
Name:	<hr/>	
Signature:	<hr/>	
Date:	/ /	