



Section 1 (to be completed by applicant)

Name:

Campus Address:

Phone Number:

Email Address:

Staff/Student ID: Vehicle Registration:

Section 2A (to be completed by applicant)

Permission to use reduced mobility parking spaces is limited to the third trimester of pregnancy or a three month period for other reduced mobility conditions. Repeat applications will not be granted. Applicants with permanent mobility impairments should apply to the DDAI for a disabled parking permit. All applicants must hold a current, valid UCD parking permit prior to application.

Type of Request: Third Trimester Pregnancy Other Reduced Mobility

Requested Start Date: Maternity Leave Date:

Section 2B (to be completed by GP/Consultant):

Name GP/Consultant:

Address:

Telephone:

Notified Condition/Status:

Date: Signature/Stamp:

Section 3 (to be completed by applicant):

I confirm that all information on this application form is correct. I confirm awareness that availability of parking spaces is on a first come, first served basis and provision of a reduced mobility parking disk is not an entitlement to a space and that I am the holder of a current and valid UCD parking permit

Signature: Date: