**Trinity Biomedical Sciences Institute (TBSI) & South Leinster Street (SLS) Parking Application Form**

**PERSONAL DETAILS (PLEASE PRINT)**

**Staff Number:**\_\_\_\_\_\_\_\_\_\_\_ **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print)

Contract end date (if not permanent or COID): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation (Role/Position): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**College Ext:**\_\_\_\_\_\_\_\_\_\_\_\_ **College Email address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First preference for parking (please tick).**

**TBSI** (29 spaces) □ **SLS** (16 spaces) □

**Please select method of payment below (tick as appropriate):**

Deduction from monthly salary □ Term worker: □

Deduction from bi-weekly salary □ Cheque □

Departmental iProc Order □

If paying by way of Salary Deductions, please ‘tick’ the box below.

□ I hereby authorise Trinity College Dublin to deduct the amount of €615 from my salary in equal instalments over a period of 12 months (or over the duration of my term contract for the year 2024-25) from 2nd September 2024.

Please tick boxes below and sign as appropriate.

□ I hereby agree to pay a deposit of €50 (payable with T Card (<https://tcard.tcd.ie/>) or iProc only

for the temporary issue of a fob to allow access to TBSI or SLS car park and undertake to return this fob on termination of this agreement.

□ I acknowledge I have read and agree to the Terms and Conditions and will abide by the Parking Regulations.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\* Authorised Signatory (if departmental application):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\****Signature of departmental representative required in addition to Authorised Signatory for departmental applications. See Terms and Conditions paragraph 1.2 Eligibility*.**

**N.B. Incomplete application forms will be disregarded. Applications will be on a random selection basis. Closing date for applications is 4.30pm on Friday 23rd August 2024.**