

## 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 COI	D):		
Occupation (Role/Position):			
Department:			
College Address:			
College Ext:	College Ema	il address:	
Mobile Number (optional):			
First preference for parking (please tick).			
TBSI (29 spaces) □	<b>SLS</b> (16 spac	es) 🗆	
Please select method of payment below (ti	ick as approp	riate):	
Deduction from monthly salary		Term worker:	
Deduction from bi-weekly salary		Cheque	
Departmental iProc Order			
If paying by way of Salary Deductions, pleas	e 'tick' the bo	ox below.	
<ul> <li>□ I hereby authorise Trinity College Dublin over a period of 12 months (or over the dur 2024.</li> <li>Please tick boxes below and sign as appropriin</li> <li>□ I hereby agree to pay a deposit of €50 (particular for the temporary issue of a fob to allow accepted to the temporary issue of a fob to allow accepted termination of this agreement.</li> </ul>	ration of my to riate. ayable with T	erm contract for the year Card ( <u>https://tcard.tcd.ie</u>	2024-25) from 2 <sup>nd</sup> September
I acknowledge I have read and agree to t	he Terms and	Conditions and will abide	by the Parking Regulations.
Signature			Date://
* Authorised Signatory (if departmental app	lication):		Date://
*Signature of departmental representative applications. See Terms and Conditions pa	ragraph 1.2 E	- Eligibility.	

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