

Please note that the information provided by you in this application form for a Carer's Parking Permit will be used solely by Sligo County Council for the purpose of processing this application for a Carer's Parking Permit and will not be used for any other purpose

FORM TO BE COMPLETED BY DOCTOR

Patient's Name: _____

Patient's Address: _____

Description of illness: _____

Does the person require ongoing daily care?: _____

Doctor's Signature: _____

Doctor's Stamp

Doctor's Name: _____

Doctor's Address: _____

Doctors Email address: _____

DOCUMENTS REQUIRED WHEN APPLYING FOR A CARER'S PERMIT

- **Completed Application Form**
- **Letter of Confirmation from the Resident's Doctor** stating that the resident requires ongoing daily care due to a chronic illness.
- **Valid Driving Licence** of the person applying for a Carer's Parking Permit, this is to be presented in person at time of submitting application.
- **Vehicle Licensing Certificate** for the vehicle of which the permit will be issued.
- **Proof that Vehicle is Currently Taxed.**
- **Current Certificate of Motor Insurance** as proof the applicant has insurance for the vehicle of which the permit will be issued (the insurance disc will not be accepted as proof of insurance).
- If you are an employee with a company car or a private car insured by the company, you must supply a copy of the Vehicle Licensing Certificate, a copy of a company insurance certificate and a letter from the company stating that you are employed by it, your address, the vehicle registration number and that either you have exclusive use of the company vehicle or that your private car is insured by the company, as appropriate.
- **Resident Applicant** must submit a copy of current proof of residency showing your name and address i.e. utility bills, financial statements, tenancy agreement or other documentation (ESB, Bord Gáis, Eircom, NTL Bill/Bank, Credit Card, Credit Union Statement) acceptable to the County Council, (Non domestic bills and mobile phone bills are not acceptable).
- **Fee** in the sum of €50.00.

A **“Resident”** means a person whose normal residence is at premises situated in a street containing a pay and display area.

A **“Carer”** means a person who is providing care to a resident who requires on-going daily care for a chronic illness.

A **“Carer's Parking Permit”** means a document issued by Sligo County Council which fulfils the purpose of Bye-Law No. 18.

Set out below are the Conditions for holding a Carer's Parking Permit

- A maximum of two Carers' parking permits may be issued by the County Council to a resident for non-resident family member(s)/nominated person(s)/ Carer(s) who act as voluntary carers for a resident in a pay and display area and who requires on-going care for a chronic illness.
- A non-resident family member(s)/nominated person(s)/Carer(s) Parking permit shall be valid for a period of one year from the date of issue.
- A non-resident family member(s)/nominated person(s)/Carer(s) parking permit shall be issued in respect of the residential parking permit area in which the normal place of residence of the person requiring care is situated.
- The issue of permits shall be at the discretion of the County Council.
- If you replace the vehicle to which the permit relates, you must return the permit to the County Council and apply for a new permit submitting relevant documentation for the new vehicle and payment of the appropriate fee.
- A fee of €10.00 applies for a change of disc or replacement.
- Where during the period to which the Carer's permit relates, the resident to whom it is issued ceases to reside at the address specified, the permit shall be returned to the County Council forthwith.
- Sligo County Council will cancel and withdraw or refuse to renew any Carer's Parking Permit where it establishes that the permit holder has obtained the permit by inaccurate information or documentation being supplied.
- A Carer's Parking Permit does not authorise parking in a prohibited manner or place.
- A Carer's Parking Permit must be displayed clearly at all times in the interior of the vehicle so that it can be read from the outside of the vehicle during the time that pay & display and disc parking is enforced in respect of the area the permit is issued for as specified in the Car Park Bye-Laws 2010 and Parking Places Bye-Laws 2010. If you receive a parking fine for non-display of disc, your fine will **not** be negated.
- The responsibility for the renewal of each Carer's Permit rests solely with the permit holder.
- You will be liable to pay any fines incurred if your permit is out-of-date.
- Permits will come into operation from the date the **full** application is received.
- Possession of a Carer's parking permit does not guarantee the holder a public parking space.
- Parking spaces on your street are not reserved.

STATUTORY DECLARATION BY APPLICANT

I _____ do solemnly and sincerely declare that the particulars given in this application form are correct and true in every detail to the best of my knowledge and I make this solemn declaration conscientiously believing the same to be true by virtue of the **Statutory Declarations Act, 1938**.

Applicant's Signature

Date

Carer's Signature

Date

APPLICATION FORM FOR A CARER'S PARKING PERMIT

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YOU MUST ANSWER ALL QUESTIONS BELOW AND READ THE CONDITIONS ON ACCOMPANYING SHEET BEFORE SIGNING AND SUBMITTING THIS FORM

Renewal of Current Carer's Parking Permit Application for First-Time Carer's Parking Permit

(a) RESIDENT'S/APPLICANT'S DETAILS: (This is the person who requires daily care)

Surname: _____ First Name: _____

Telephone (Home) _____ (Mobile) _____

Address: _____

Email address: _____

Is the above address your normal place of residence? Yes _____ No _____

Is this a rented property? Yes _____ No _____

Are you the holder of a resident parking permit? Yes _____ No _____

State Resident Permit No. : _____ Expiry Date : _____

Number of permits already issued to Carer(s) at this address? _____

(b) CARER'S DETAILS:

FIRST CARER'S DETAILS :

Surname: _____ First Name: _____

Telephone (Home) _____ (Mobile) _____

Address: _____

Relationship to Resident: _____

Vehicle Registration No. _____ Make _____ Model _____ Colour _____

State previous Carer Permit No. : _____ Expiry Date: _____ (if applicable)

SECOND CARER'S DETAILS :

Surname: _____ First Name: _____

Telephone (Home) _____ (Mobile) _____

Address: _____

Relationship to Resident: _____

Vehicle Registration No. _____ Make _____ Model _____ Colour _____

State previous Carer Permit No. : _____ Expiry Date: _____ (if applicable)

STATUTORY DECLARATION BY APPLICANT

I _____ hereby declare that the particulars given in this application form are correct and true in every detail to the best of my knowledge and I make this solemn declaration conscientiously believing the same to be true by virtue of the **Statutory Declarations Act, 1938**. I attach herewith written confirmation from my doctor that I require ongoing daily care due to a chronic illness.

Applicants Signature

Date

Carer's Signature

Date

FOR OFFICE USE ONLY :

Doctor's Letter _____	Stamp	Permit No. _____
Driving Licence _____		Renewed / Issued _____
VLC _____		Expiry Date _____
Insurance Cert. _____		Payment Amount _____
Proof of Tax _____		Receipt No. _____
Utility Bill _____		File _____
Tenancy Agreement _____		I.D. No. _____
Expired Permit _____		
Conditions Sheet _____		
Staff Initials _____		
Date Received _____		
	Comment :	