**Parking voucher for End of Life Care Families**

**Please record the following car registration ……………………………………… on electronic record(iPad)**

**This will ensure the family/carer of**

**……………………………………………….. (Patient’s name)**

**Hospital Number ………………………………….**

**who is currently on ……………………………. (ward) has access to free parking for a duration of 7 days.**

**Name & Signature: ………………………………………**

**Job title: …………………… Ext: …………………**

Renewal:

DATE ISSUED:

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Renewal

…………………………............

Date Issued

…………………………............

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**This will ensure the family/carer of ……………………………………….….(Patient’s name)**

**Hospital Number …………………………………. who is currently on ……………………………(ward) who has access to free parking for a duration of 7 days.**

**Name & Signature: ……………………………………….**

**Job title: …………………… Ext:………………**

Renewal

…………………………............

Date Issued

…………………………............

**Guidance for relatives / carers**

Please take this voucher along with your car registration to the Enquiries desk at Main Reception, Level 3.

Upon presentation of your registration, it will be recorded and validated to allow continued use for up to 7 days.

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