

**GP PRACTICES**

**ESSENTIAL USER PARKING PERMIT**

**REGISTRATION DETAILS**

**GPs/Doctors**

<b>Name</b>	<b>GMC Registration Number</b>	<b>Signature</b>

**Nurses**

<b>Name</b>	<b>NMC Registration Number</b>	<b>Signature</b>

**Others**

<b>Name</b>	<b>Provide Reasons for use of Permit</b>	<b>Signature</b>

**Each named person must sign against their own name to indicate that they have read and fully understand the terms and conditions relating to the issue and use of EUPs.**