

Taxi/PHV Driver Medical Exemption Application Form

Equality Act 2010 S.166/s.169/s.171

1. Applicant Details

FULL NAME OF DRIVER:

ADDRESS:

CONTACT TELEPHONE NUMBER:

DATE OF BIRTH:

DVLA DRIVING LICENCE NUMBER:

EXPIRY DATE:

TAXI/PHV DRIVER BADGE NUMBER:

EXPIRY DATE:

2. Exemption Request (mark as appropriate)

I AM REQUESTING THAT BABERGH DISTRICT COUNCIL CONSIDER GRANTING ME AN EXEMPTION FROM THE FOLLOWING:

CARRYING WHEELCHAIR USERS

☐

CARRYING ASSISTANCE DOGS

☐

3. GP / Medical Practitioner details

NAME OF GP / MEDICAL PRACTITIONER:

ADDRESS:

CONTACT TELEPHONE NUMBER:

4. Brief detail of reasons/ circumstances why the request for medical exemption is being made

(SPECIFY WHETHER MEDICAL CONDITION IS TEMPORARY OR PERMANENT)

Declarations

I understand the process in applying for a medical exemption, and that my licence may be forfeited if I have disclosed any false, misleading or incomplete information for the purposes of obtaining medical exemption.

1. I enclose (or have already provided) a valid GP/medical practitioner certificate to accompany my application.

2. I understand that if after consideration my medical condition is temporary in nature, my application for exemption may be issued as a Temporary Exemption Notice for a maximum period of up to 3 (three) months.
3. I confirm that upon expiry of the Temporary Exemption Notice I will return the notice to the Licensing Team within 7 days. I understand that if the Temporary Exemption Notice is not returned, my driver licence could be suspended until such time as the Notice is returned or a further doctor's note is received.
4. I acknowledge that if considered reasonably necessary by the Council I may be referred on to one of the medical practitioners approved by the Council and I will be required to obtain an in depth medical report from my own GP to support the Statement of Fitness regarding my capability to undertake the duties in terms of my medical fitness and/ or physical condition. I understand that this matter is relevant to the 'fit and proper person' assessment. I understand that the purpose of consultation with the approved medical practitioner will be to determine whether a further exemption should be granted, and for how long.
5. I understand that if during any part of the process, any doctor's note or statement of fitness recommends that the application for exemption is refused or if it is ambiguous in any way, the matter will be referred to the Regulatory Sub-Committee for consideration.

The personal information that you give us will also be used in a confidential manner to help us monitor our processes.

We may also use the information if there is a complaint or legal challenge relevant to this process. We may check/validate the information collected.

We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other ways as permitted by law.

By signing the application form I consent to the processing of sensitive personal data, in accordance with the Council's registration with the Data Protection Commissioner.

Signed:

Dated: / /

RETURN THE FORM (MARKED 'STRICTLY CONFIDENTIAL') TO:

The Licensing Team, Babergh District Council, Corks Lane, Hadleigh, IPSWICH IP7 6SJ

***** FOR OFFICE USE ONLY *****

DATE MEDICAL EXEMPTION APPLICATION RECEIVED:

EXEMPTION AGREED? YES/NO

If yes which section(s)? S166 / S169 / S171

EXEMPTION DECLINED ? YES/NO

If exemption declined, give reasons and details of any further action taken:

Signed:

Dated: / /

