Kirklees Licensing Flint Street Fartown Huddersfield HD1 6LG



Telephone:01484 456858Email:licensing@kirklees.gov.uk

HOW TO APPLY FOR A:-

PRIVATE HIRE AND/OR HACKNEY CARRIAGE DRIVER LICENCE

Local Government (Miscellaneous Provisions) Act 1976 / Town Police Clauses Act 1847

Please read the following enclosed documents when completing your application;

- a) Notes for Applicants
- b) List of Fees
- c) Proof of Right to Work in the UK, List of acceptable documentation
- d) Disclosure & Barring Service List of acceptable documentation
- e) Convictions Policy

Documents to be submitted to make application

You must attend the Licensing Office when submitting your application so that a photo may be taken to be used on your badge and licence.

- 1. Application Form
- 2. Fee (If you are refused a licence or you decide to withdraw your application then the fee is non-refundable)
- 3. DVSA Driving Licence
- 4. DVSA Driver entitlement check 3 year mandate
- 5. Proof of Right to Work in the UK
- 7. Disclosure & Barring Service (DBS) Application
- 8. ID Documents to support your DBS application please see separate guidance from the DBS on what ID documents are required.
- 9. Group 2 Medical *
- 10. DVSA Taxi & Private Hire Driving Test *
 - These documents are not required before the Council has approved you in principle after your DBS check

Please Note:

If your application is successful then all supporting documents to this application including Medical Certificate, DVSA Assessment and Training Course must be completed within 6 months of a satisfactory Disclosure & Barring Service Certificate.

Failure to provide the necessary documents within 6 months will result in the application being rejected

| Badge Number: (if previously licen | sed) | | | | |
|--|------|------------|----------------|--|--|
| Surname: | | | Date of Birth: | | |
| Title: | | Forenames: | | | |
| Address: | | | | | |
| | | | Post Code: | | |
| Telephone No: | | | Mobile Tel No: | | |
| Email address: National | | | | | |
| Insurance Number | | | | | |
| | | | | | |
| Operator Trade Na (for PH Drivers on | | | | | |
| Have you had a FULL driving licence for at least 2 years? Yes No | | | | | |
| Are you aware of any ENQUIRIES OR INVESTIGATIONS of any Yes No kind or description being made about you by the Police, Local Authority or any other body or agency? | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Have you ever had any summons served on you for any offence(s) Yes No which has NOT been heard at Court? (If YES, please give details) | | | | | |

| Have you ever been sued for any discrimination matter in the county court | Yes No |
|---|--------|
| (If YES, please give details) | |
| | |
| | |
| | |

Statutory Declaration of Convictions (including Spent Convictions), Cautions, Warnings and Reprimands **Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 2002** (this order means that no criminal convictions for hackney carriage or private hire drivers

(this order means that no criminal convictions for hackney carriage or private hire drivers ever become spent)

| I Declare that I | (full name) |
|---|-------------|
| Have never been convicted of any offence and I have never been cautioned, warned or reprimanded for any offence. | |
| Declare here full details of every offence for which I have ever been convicted, together with full details of every offence for which I have been cautioned, warned or reprimanded | |

| Convictions, Cautions, Warnings & Reprimands (including Binding Overs) | | | |
|--|---------|----------------------------|--|
| Date of Conviction /Caution etc | Offence | Penalty / Sentence imposed | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Please continue on a separate sheet if necessary.

If you feel it appropriate, you may wish to provide the Council with written details of any mitigating circumstances in respect of your convictions, which you consider should be taken regard of.

If the Licensing Section is minded to refuse your application in line with its Conviction Policy you will be asked to provide supporting evidence as to why the policy should not apply to you.

WARNING

The making of a false statement or submission or omission of any material particular either knowingly or recklessly can lead to prosecution. The maximum fine is £1,000.

| Have you ever held or currently hold a private hire or hackney carriage licence with any other Local Authority | Yes | No |
|--|-----|----|
| | | |
| | | |
| | | |

| Have you ever had an application to <u>any</u> Local Authority for the grant or renewal of either a Hackney Carriage Drivers licence or a Private Hire Drivers licence refused , or had a licence revoked or suspended ? | Yes No |
|--|--------|
| (If YES, please give details) | |
| | |

Kirklees Council will use your personal information (including any references to your health, ethnic origin, nationality, or previous criminal convictions), for the purpose of assessing your application, administering the licensing regime, and equal opportunities monitoring. Your personal information will be properly safeguarded and processed in accordance with the requirements of the Data Protection Act 1998.

Your name, badge/licence number and the status, start/expiry date of your licence may be made available on request or on a register for public inspection. If you have licensed a vehicle, the vehicle registration mark, licence number and expiry date may also be made available in the same way.

We may share your information with the Driver and Vehicle Standards Agency (DVSA), Home Office Immigration Enforcement, Motor Insurer's Bureau (MIB), Vehicle and Operator Services Agency (VOSA), local authorities and other relevant organisations for the purposes of assessing your application and continuing fitness to hold a licence.

In certain circumstances, Kirklees Council may also share your personal information with the police and other agencies for the purposes of the prevention and detection of crime.

Information obtained by the police about criminal offences committed by taxi/private hire drivers or operators may be disclosed to Kirklees Council and used by Kirklees Council to refuse, suspend or revoke a taxi or private hire driver, operator or vehicle licence. Kirklees Council may inform the police of any decision to refuse, suspend or revoke a licence.

Your name and contact details may be disclosed to an external research company to conduct research amongst licensees on Kirklees Councils behalf. This research will be related to Kirklees Councils responsibilities for licensing, regulation, and integration between taxis/private hire services and other elements of the transport system. Your details will not be used for any marketing or other research activities.

DECLARATION

I declare that all information provided on this application form is true and correct to the best of my knowledge. I understand that providing false information is an offence punishable by a fine not exceeding the sum of £1000. I understand that the issue of a licence in respect of this application can be refused and any licence can be revoked if any statements are subsequently found to be false.

I undertake to keep Kirklees Council informed of any changes to any details supplied in this form and I am aware that failure to do so will constitute a breach of my licence conditions and may lead to the possible suspension or revocation of my licence.

I undertake to keep Kirklees Council informed of any changes to my name or address supplied in this form within 7 days and I am aware that failure to do so will constitute a breach of my licence conditions and may lead to the possible suspension or revocation of my licence.

I confirm that I do not have any outstanding debt or monies due to be paid to Kirklees council from a previous licensing history. I undertake to inform Kirklees Council within 7 days if I am arrested or charged with, or convicted of, any criminal offence, receive a police caution, am disqualified from driving, made the subject of a mental health order or sexual offences order, or if my medical status changes in any way that would affect my driving of a taxi or private hire vehicle. I also give Kirklees Council permission to access my criminal record with the police and the Disclosure and Barring Service (DBS) during the currency of my licence, as required.

I give Kirklees Council authority to receive update information (within the meaning of section 116A of the Police Act 1997) in relation to my criminal record DBS Certificate for the purposes of asking an exempted question within the meaning of section 113A of the Police Act 1997; or in relation to my enhanced criminal record DBS Certificate for the purposes of asking an exempted question for a prescribed purpose within the meaning of section 113B

of the Police Act 1997.

Applicant's Signature:



PRIVATE HIRE AND HACKNEY CARRIAGE DRIVER NOTES FOR APPLICANTS

- 1. A licence, if granted, will be for the period specified on the licence.
- 2. Until you hold a valid Hackney Carriage/Private Hire driver's licence then you are not permitted to drive any Private Hire or Hackney Carriage vehicle for any purpose. If you are found to be driving a private hire or hackney carriage vehicle without a valid licence you may be liable to prosecution.
- **3.** Any vehicle, which you intend to drive for Private Hire or Hackney Carriage purposes, must be a licensed Private Hire or Hackney Carriage Vehicle. In addition, a private hire vehicle must be booked through a licensed Private Hire Operator. Application forms for both are available from the Licensing Office.
- 4. If a licence is granted to you, any change in the information supplied on this form must be notified to the Council immediately.

Only Original Documents will be accepted

- 5. DVSA Driving Licence You must have held a full DVSA driving licence for at least 2 years at the date of application. Driving Licences must show your correct full name and correct full address. You will be required to produce your driving licence on application and on collection of a licence. From 8th June 2015 any new penalty points will only be recorded electronically and will not be printed or written on either a photo card licence or old style paper driving licences. In order for us to check your driving record you must provide us with a code which has been generated by DVSA when submitting your application form. Further information on how to generate a code can be obtained from the Licensing Office.
- 6. Disclosure & Barring Service Enhanced Disclosures are required with the following applications;
 - a) First Grant & upto 3 years on first renewal
 - b) Every three years on renewal

It is your responsibility to ensure that once you have received your DBS Certificate through the post you produce it at the Licensing Office within 28 days of the date of issue otherwise your application will be rejected or your current licence suspended. 7. Medical Requirements - It may be preferable to delay going to the expense of a Medical Examination (if you have concerns regarding your conviction record) until you are notified of whether or not the Council are prepared to approve your application in principle.

As part of the licensing process for all drivers, the Council requires every applicant for a driver licence to meet Group 2 Medical Standard for Vocational Drivers as determined by DVSA in association with the British Medical Association. The Group 2 medical must be carried out by your own registered General Practitioner who has access to your medical records.

A Medical Certificate to Group 2 Standard is required on the occasions listed below:-

- (a) First Application for a licence;
- (b) Application for renewal at age 45 and then every 5 years until age 65;
- (c) Application for renewal at age 65 and every year thereafter (badges only issued for up to 1 year); and
- (d) Any other times when required by the Council
- 8. Driver and Vehicle Standards Agency (DVSA) Certificate It may be preferable to delay going to the expense of the DVSA Taxi/Private Hire Driving Test until you are notified of whether or not the Council are prepared to approve your application. The certificate must be produced by all new applicants before booking onto the Training Course. The Certificate must be less than 12 months old.

You must contact the Driver and Vehicle Standards Agency directly to book your driving testOnlinewww.gov.uk/dvsa-taxi-driving-testTelephone0300 200 1122PostDVSA, PO Box 280, Newcastle Upon Tyne, NE99 1FP

- **9.** Training Course All new applicants must pass the Council's Training Course. A training pack will be issued to all new applicants when they have been approved in principle.
- 10. Proof of Right to Work in the UK (RTW) The Home Office, via the UK Border Agency, have compiled a list of documents, which prove that someone has the RTW in the UK. Documents will fall into either List A or List B, please see enclosed List of Acceptable Documents.

Proof of RTW in the UK must be provided when application is made in respect of new applicants. In respect of renewal applicants proof should be submitted on application also, but if proof cannot be provided at that time the Council will allow application to be made, but no licence will be granted until proof has been provided.

- 11. Convictions Policy In the case of an applicant with convictions the Convictions Policy provides a clear and easy to understand eligibility criteria for applicants. It may be preferable to delay going to the expense of a Medical and DVSA test (if you have concerns regarding your conviction record) until you are notified of whether or not the Council is prepared to approve your application.
- **13.** All supporting documents to this application including Medical Certificate, DVSA Assessment and Knowledge Test must be submitted within 6 months of a satisfactory Disclosure & Barring Service Certificate. If an applicant fails to provide the necessary documents in the timescale provided their application will be rejected.

14. If you fail to renew your licence before it expires and wish to re-apply, you will be a new applicant and will be required to undertake the DVSA check, the DBS, Medical, DVSA driving test and any other current requirements as a new driver.

PROOF OF RIGHT TO WORK IN THE UK LIST OF ACCEPTABLE DOCUMENTATION

To comply with the Asylum and Immigration Act 1996 (as amended at 1 May 2004), before you obtain a licence to work as a private hire or hackney carriage driver, you must supply original documentation proving that you have a right to work in the United Kingdom (UK).

If the applicant can produce a satisfactory document from List A, eligibility to work in the UK will have been established and will not need to be checked again. If the applicant produces a document from List B, a follow up check will be required.

If an application is made after a licence has expired then proof of a person's right to work in the UK will be required again.

| List A | | | | |
|--------|--|--|--|--|
| | Acceptable documents to provide a continuous statutory excuse | | | |
| 1. | A passport showing the holder, or a person named in the passport as the child of the holder, is a British citizen or a citizen of the UK and Colonies having the right of abode in the UK. | | | |
| 2. | A passport or national identity card showing the holder, or a person named in the passport as the child of the holder, is a national of a European Economic Area country or Switzerland. | | | |
| 3. | A Registration Certificate or Document Certifying Permanent Residence issued by the Home Office to a national of a European Economic Area country or Switzerland. | | | |
| 4. | A Permanent Residence Card issued by the Home Office to the family member of a national of a European Economic Area country or Switzerland. | | | |
| 5. | A current Biometric Immigration Document (Biometric Residence Permit) issued by the Home Office to the holder indicating that the person named is allowed to stay indefinitely in the UK, or has no time limit on their stay in the UK. | | | |
| 6. | A current passport endorsed to show that the holder is exempt from immigration control, is allowed to stay indefinitely in the UK, has the right of abode in the UK, or has no time limit on their stay in the UK. | | | |
| 7. | A current Immigration Status Document issued by the Home Office to the holder with an endorsement indicating that the named person is allowed to stay indefinitely in the UK or has no time limit on their stay in the UK, together with an official document giving the person's permanent National Insurance number and their name issued by a Government agency or a previous employer. | | | |
| 8. | A full birth or adoption certificate issued in the UK which includes the name(s) of at least one of the holder's parents or adoptive parents, together with an official document giving the person's permanent National Insurance number and their name issued by a Government agency or a previous employer. | | | |
| 9. | A birth or adoption certificate issued in the Channel Islands, the Isle of Man or Ireland, together with an official document giving the person's permanent National Insurance number and their name issued by a Government agency or a previous employer. | | | |
| 10. | A certificate of registration or naturalisation as a British citizen, together with an official document giving the person's permanent National Insurance number and their name | | | |

| | List B | | |
|----|---|--|--|
| | Group 1 – Documents where a time-limited statutory excuse lasts until the expiry | | |
| | date of leave | | |
| 1. | A current passport endorsed to show that the holder is allowed to stay in the UK and is currently allowed to do the type of work in question. | | |
| 2. | A current Biometric Immigration Document (Biometric Residence Permit) issued by the Home Office to the holder which indicates that the named person can currently stay in the UK and is allowed to do the work in question. | | |
| 3. | A current Residence Card (including an Accession Residence Card or a Derivative Residence Card) issued by the Home Office to a non-European Economic Area national who is a family member of a national of a European Economic Area country or Switzerland or who has a derivative right of residence. | | |
| 4. | A current Immigration Status Document containing a photograph issued by the Home Office to the holder with a valid endorsement indicating that the named person may stay in the UK, and is allowed to do the type of work in question, together with an official document giving the person's permanent National Insurance number and their name issued by a Government agency or a previous employer. | | |

| | List B | | | |
|----|--|--|--|--|
| | Group 2 – Documents where a time-limited statutory excuse lasts for 6 months | | | |
| 1. | A Certificate of Application issued by the Home Office under regulation 17(3) or 18A (2) | | | |
| | of the Immigration (European Economic Area) Regulations 2006, to a family member of | | | |
| | a national of a European Economic Area country or Switzerland stating that the holder is | | | |
| | permitted to take employment which is less than 6 months old together with a | | | |
| | Positive Verification Notice from the Home Office Employer Checking Service. | | | |
| 2. | An Application Registration Card issued by the Home Office stating that the holder is | | | |
| | permitted to take the employment in question, together with a Positive Verification | | | |
| | Notice from the Home Office Employer Checking Service. | | | |
| 3. | A Positive Verification Notice issued by the Home Office Employer Checking Service | | | |
| | to the employer or prospective employer, which indicates that the named person may | | | |
| | stay in the UK and is permitted to do the work in question. | | | |

Disclosure & Barring Service – ID documents

What identity documents can be used?

All applicants must initially be considered for Route one.

Can the applicant produce a Group 1 document? If yes, then the applicant must produce 3 documents:

• 1 document from Group 1 (refer to list of Valid Identity Documents below); and

• 2 further documents from Group 1, 2a or 2b; one of which must verify their current address.

If the applicant has satisfied this route, then the document check is complete.

Every applicant must produce a Current Driving Licence as part of this application therefore this route will nearly always be satisfied. If you have any issues producing a document from Group 1, please contact the Licensing Office for further guidance on which documents you will be required to produce.

N.B. In addition, evidence of a National Insurance number is required for your application

Group 1 – Primary Trusted Identity Credentials

| Document | Notes |
|---|--|
| Passport | Any current and valid passport |
| Biometric residence permit | UK |
| Current driving licence – photo card | UK/Isle of Man/Channel Islands and EU (full or provisional) (Please note some European countries do not issue counterparts) All licences must be valid in line with current DVSA requirements |
| Birth certificate – issued at time of birth | UK and Channel Islands – including those issued by UK authorities overseas, eg embassies, High Commissions and HM Forces |
| Adoption certificate | UK and Channel Islands |

Group 2a – Trusted Government/State Issued Documents

| Document | Notes |
|--------------------------------------|---|
| Current driving licence – photo card | All countries (full or provisional) All licences must be valid in line with current DVSA requirements |

| Current driving licence – paper version | UK/Isle of Man/Channel Islands and EU (full or provisional). All licences must be valid in line with current DVSA requirements |
|--|---|
| Birth certificate – issued after time of birth | UK and Channel Islands |
| Marriage/civil partnership certificate | UK and Channel Islands |
| HM Forces ID card | UK |
| Firearms licence | UK, Channel Islands and Isle of Man |

Group 2b – Financial/Social History Documents

| Document | Notes | Issue date and validity |
|-------------------------------|--------------------------------|--------------------------|
| Mortgage statement | UK or EEA | Issued in last 12 months |
| Bank or building society | UK and Channel Islands or | Issued in last 3 months |
| statement | EEA | |
| Bank or building society | UK | Issued in last 3 months |
| account opening confirmation | | |
| letter | | |
| Credit card statement | UK or EEA | Issued in last 3 months |
| Financial statement, e.g. | UK | Issued in last 12 months |
| pension or endowment | | |
| P45 or P60 statement | UK and Channel Islands | Issued in last 12 months |
| Council Tax statement | UK and Channel Islands | Issued in last 12 months |
| Work permit or visa | UK | Valid up to expiry date |
| Letter of sponsorship from | Non-UK or non-EEA only – | Must still be valid |
| future employment provider | valid only for applicants | |
| | residing outside of the UK at | |
| | time of application | |
| Utility bill | UK – not mobile telephone bill | Issued in last 3 months |
| Benefit statement, e.g. Child | UK | Issued in last 3 months |
| Benefit, Pension | | |
| Central or local government, | UK and Channel Islands | Issued in last 3 months |
| government agency, or local | | |
| council document giving | | |
| entitlement, e.g. from the | | |
| Department for Work and | | |
| Pensions, the Employment | | |
| Service, HMRC | | |
| EU National ID card | | Must still be valid |
| Cards carrying the PASS | UK and Channel Islands | Must still be valid |
| accreditation logo | | |
| Letter from head teacher or | UK – for 16 to 19 year olds in | |
| college principal | full time education | |
| | Only to be used in exceptional | |
| | circumstances if other | |
| | documents cannot be | |
| | provided | |



Medical Examination

Application for a Hackney Carriage/Private Hire Drivers licence

This must be completed by your Doctor, taking into account the criteria for Group 2 vocational drivers as set out in "Medical Aspects of Fitness to Drive" and the latest edition of the DVLA publication "At a Glance Guide for Current Medical Standards of Fitness to Drive" (see note B1 of leaflet INF4D and section 7 of this report).

Please answer all questions and use black ink throughout

Please give the applicant's weight (kg/st) Please give details of smoking habits, if any Please give the number of alcohol units taken each week Is the urine sample taken, positive for Glucose



Details of specialist(s) / consultants

| 1 | 2 | 3 |
|---|------------|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| L | Speciality | 1 |

Speciality

Date last seen

| Current medication | | | | | | |
|--------------------|--|--|--|--|--|--|

| Date when first licensed to drive a lorry | and /or bus/taxi | |
|---|------------------|--|

Section 1 – Vision (please see eyesight notes on page 8 and 9 of leaflet INF4D)

| | Please t | ick √ the a | ppropriat | e boxes |
|----|---|-------------|-----------|---------|
| | | Yes | No | |
| 1. | Is the visual acuity at least 6/9 in the better eye or at least 6/12 in the other (corrective lenses may be worn) as measured by the Snellen chart? | | |] |
| 2. | Do corrective lenses have to be worn to achieve this standard? | | |] |
| | | | | |
| | If Yes, is the | | | |
| | (a) uncorrected acuity at least 3/60 in the right eye? | | | |
| | | | | |
| | (b) uncorrected acuity at least 3/60 in the left eye? (3/60 being the ability to read the 6/60 line of the full size 6 metre | | |] |
| | Snellen chart at 3 metres) | | | Ī |
| | (c) correction well tolerated | | |] |

| | Uncorrected | | | | Correct | ted (| if applica | able) |
|------|---|-----------------------------------|-----------------|------------------------|----------------|-------|------------|-------|
| | Right | Left | | Right | | Le | ft | |
| | | ł | _ | I | | | Yes | No |
| 4. | Is there a defect in | his/her binocular | field of vision | | | | | |
| 5. | Is there diplopia (c | ontrolled or uncor | ntrolled)? | | | | | |
| 6. | Does the applicant If Yes to 4, 5 or 6, enclose any releva | please give detail | s in Section 7 | | | | | |
| Sect | tion 2 – Nervous Sy | /stem | | | | | | |
| | | | | | | | Yes | No |
| 1 | Has the applicant | had any form of e | pileptic attack | ? | | | | |
| | If Yes , please give | date of last attac | k | | | | | |
| | If treated, please g | ive date when tre | atment cease | d | | | | |
| 2. | Is there a history of years? | f blackout or impa | aired consciou | sness within th | ne last 5 | | | |
| | If Yes , please give | dates and details | in Section 7 | | | | | |
| 3. | Does the applican | suffer from narco | olepsy/cataple | xy? | | | | |
| | If Yes , please give | dates and details | in Section 7 | | | | | |
| 4. | Is there a history of below? | f, or evidence of a | any of the con | ditions listed in | n (a) – (h) | | | |
| | If No, go to Section | n 3 lf Yes , please | give dates an | d details in Se | ction 7 | | | |
| (a) | Stroke/TIA please | delete as approp | riate | | | | | |
| (b) | Sudden and disab recur | ling dizziness/vert | igo within the | last year with | a liability to |) | | |
| (c) | Subarachnoid hae | morrhage | | | | | | |
| (d) | Serious head injur | y with the last 10 | years | | | | | |
| (e) | Brain tumour, eithe | er benign or malig | nant, primary | or secondary | | | | |
| (f) | Other brain surger | у | | | | | | |
| (g) | Chronic neurologic | al disorders e.g. | Parkinson's di | sease, Multiple | e Sclerosis | | | |
| (h) | Dementia or cogni | tive impairment | | | | | | |

| Sec | tion 3 – Diabetes Mellitus | | |
|-----|---|-----|----|
| | | Yes | No |
| 1. | Does the applicant have diabetes mellitus | | |
| | If No, go to Section 4, If Yes, please answer the following questions | | |
| 2 | Is the diabetes managed by:- | | |
| (a) | Insulin? | | |
| | If Yes, please give date started on insulin | | |
| (b) | Oral hypoglycaemic agents and diet? | | |
| (c) | Diet only? | | |
| 3. | Does the applicant test blood glucose at least twice every day? | | |
| 4. | Is there evidence of:- | | |
| (a) | Loss of visual field? | | |
| (b) | Severe peripheral neuropathy, sufficient to impair limb function for safe driving? | | |
| (c) | Diminished/absent awareness of hypoglycaemia | | |
| 5. | Has there been laser treatment for retinopathy? | | |
| | If Yes , please give date(s) of treatment | | |
| 6. | Is there a history of hypoglycaemia during waking hours in the last 12 months requiring assistance from a third party? | | |
| 7. | If Yes to any of 4-6 above, please give details in Section 7 | | |
| Sec | tion 4 – Psychiatric illness | | |
| | Is there a history, or evidence, of any of the conditions listed at 1-6 below? | | |
| | If No go to Section 5 , If Yes please tick the relevant box(es) below and give dates, prognosis, period of stability and details of medication, dosage and any side effects in Section 7 , NB If applicant remains under specialist clinic(s), ensure details are entered in Page 1 | | |
| 1. | Significant psychiatric disorder within the past 6 months, e.g. depression | | |
| 2. | A psychotic illness within the past 3 years, e.g. schizophrenia | | |
| 3. | Persistent alcohol misuse in the past 12 months | | |
| 4. | Alcohol dependency in the past 3 years | | |
| 5. | Persistent drug misuse in the past 12 months | | |
| 6. | Drug dependency in the past 3 years | | |

| Sec | tion 5 – Cardiac | | |
|-----|--|-----|--------|
| | ase follow the instructions in all Sections 5A-5G giving details as required at Sec icant remain under specialist cardiac clinic(s) ensure details are completed in Pa | | IB. If |
| | tion 5A – Coronary Artery Disease | 0 | |
| | | Yes | No |
| | Is there a history, or evidence, of coronary artery disease | | |
| | If No go to Section 5B | | |
| | If Yes please answer all questions below and give details in Section 7 | | |
| 1. | Myocardial infarction? | | |
| | If Yes please give date(s) | | |
| 2. | Coronary artery by-pass graft? | | |
| | If Yes please give date(s) | | |
| 3. | Coronary Angioplasty (with or without stent)? | | |
| | If Yes please give date(s) | | |
| 4. | Has the applicant suffered from Angina? | | |
| | If Yes , please give the date of the last attack | | |
| Sec | tion 5B – Cardiac Arrhythmia | | |
| | Is there a history, or evidence, of cardiac arrhythmia | | |
| | If No go to Section 5C | | |
| | If Yes please answer all questions below and give details in Section 7 | | |
| 1. | Has the applicant had a significant documented disturbance in cardiac rhythm within the past 5 years? | | |
| 2 | Has the arrhythmia been controlled satisfactorily for at least 3 months? | | |
| 3. | Has a cardiac defibrillator device been implanted? | | |
| 4. | Has a pacemaker been implemented | | |
| | If Yes ;- | | |
| (a) | Has the pacemaker been implanted for at least 6 weeks | | |
| (b) | Since implantation, is the patient now symptom free from this condition? | | |
| (c) | Does the applicant attend a pacemaker clinic regularly? | | |

| | | Yes | No |
|-----|---|-----|----|
| | Is there a history, or evidence, of ANY of the following: If Yes , please tick $$ all relevant boxes below, and give details in Section 7 | | |
| 1. | Peripheral Arterial Disease? | | |
| 2. | Aortic Aneurysm? If Yes: | | |
| (a) | Site of Aneurysm | | |
| | Thoracic | | |
| | Abdominal | | |
| (b) | Has it been repaired successfully | | |
| (c) | Is the transverse diameter more than 5 cms? | | |
| 3. | Dissection of the Aorta? If Yes: | | |
| (a) | Has it been repaired successfully? | | |
| Sec | tion 5D – Valvular / Congenital Heart | • | |
| | Is there a history, evidence, or valvular / congenital heart disease? | | |
| | If No go to Section 5E | | |
| | If Yes please answer all questions below and give details in Section 7 | | |
| 1. | Is there a history of congenital heart disorder | | |
| 2. | Is there a history of heart valve disease? | | |
| 3. | Is there a history of embolism (not pulmonary embolism) | | |
| 4. | Does the applicant currently have significant symptoms | | |
| 5. | Has there been any progression since the last licence application (if relevant) | | |
| Sec | tion 5E – Cardiomyopathy | | |
| | Does the applicant have a history of any of the follow conditions: | | |
| (a) | A history, or evidence, of heart failure | | |
| (b) | Established cardiomyopathy | | |
| (c) | A heart or heart/lung transplant? | | |
| | If Yes to any part of the above, please give full details in Section 7 | | |
| | | | |

| Sec | Section 5F – Cardiac Investigations | | | | | |
|---|---|-----|----|--|--|--|
| This section must be completed for all applicants | | | | | | |
| | | Yes | No | | | |
| 1. | Has a resting ECG been taken | | | | | |
| | If Yes, does it show | | | | | |
| (a) | Pathological Q waves? | | | | | |
| (b) | Left bundle branch block? | | | | | |
| 2. | Has an exercise ECG been undertaken (or planned)? | | | | | |
| | If Yes , give date and give details in Section 7 Sight/copy of the exercise test result/report (if done in the last 3 years) would be helpful | | | | | |
| 3. | Has an echocardiogram been undertaken (or planned)? | | | | | |
| | If Yes , give date and give details in Section 7 Sight/copy of the exercise test result/report (if done in the last 3 years) would be helpful | | | | | |
| 4. | Has a coronary angiogram been undertaken (or planned)? | | | | | |
| | If Yes , give date and give details in Section 7 Sight/copy of the exercise test result/report (if done in the last 3 years) would be helpful | | | | | |
| 5. | Has a 24 hour ECG tape been undertaken (or planned)? | | | | | |
| | If Yes , give date and give details in Section 7 Sight/copy of the exercise test result/report (if done in the last 3 years) would be helpful | | | | | |
| 6. | Has a myocardial perfusion imaging scan been undertaken (or planned)? | | | | | |
| 7. | If Yes , give date and give details in Section 7 | | | | | |

| Sec | Section 5G – Blood Pressure | | | | | |
|-----|--|-----|----|--|--|--|
| | This section must be completed for all applicants | | | | | |
| | | Yes | No | | | |
| 1. | Is today's systolic pressure greater than 180? | | | | | |
| 2. | Is today's diastolic pressure greater than 100? | | | | | |
| 3. | Is the applicant on anti-hypertensive treatment/ | | | | | |
| 4. | If Yes to any of the above, please supply today's reading | | | | | |
| | | | | | | |

| Sect | ion 6 – General | | | |
|------|---|-----------|-----|-------|
| Plea | se answer all questions in this section. If your answer is Yes, please give full deta | ails in S | ect | ion 7 |
| | | Yes | | No |
| 1. | Is there currently a disability of the spine or limbs, likely to impair control of the vehicle | | | |
| 2. | Is there a history of bronchogenic carcinoma or other malignant tumour, for e.g.Malignant melanoma, with significant liability to metastasise cerebrally? | | | |
| | If Yes , please give dates and diagnosis and state whether there is current evide of dissemination | ence | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 3. | Is the applicant profoundly deaf? | | | |
| | If Yes, is he/she able to communicate in the event of an emergency by speech or by sing a device, e.g. a minicom/textphone | | | |
| 4. | Is there a history of either renal or hepatic failure? | | | |
| 5. | Does the applicant have apnoea syndrome? | | | |
| | If Yes, has it been controlled successfully? | | | |
| 6. | Is there any other medical conditions causing excessive daytime sleepiness? | | | |
| | If Yes, please give full details below | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 7. | Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia? | | | |
| 8. | Does any medication currently taken cause the applicant side effects which impair his/her safe driving? | | | |

| Section 7 – Please forward co | pies of all relevant h | nospital notes if available |
|-------------------------------|------------------------|-----------------------------|
|-------------------------------|------------------------|-----------------------------|

| Section 8 - Applicant's Consent and Declaration | | | comp | section must be leted and must not ered in any way | |
|---|---|--|------|--|--------------------------|
| Consent and | Consent and Declaration Please read the following important information carefully then sign and date the statement below | | | | tion carefully then sign |
| On occasion, as part of the investigation into your fitness to drive a hackney carriage or private hire vehicle, Kirklees Metropolitan Council may require you to undergo a medical examination or some form of practical assessment, in these circumstances, those personnel involved will require your medical background details to undertake an appropriate and adequate assessment. Such personnel might include doctors, orthoptists at eye clinics or paramedical staff at a driving assessment centre. Only information relevant to the assessment of your fitness to drive will be released. In addition, where the circumstances of your case appear exceptional, the relevant medical information would need to be considered by members of the Council's Licensing Committee. Such information would be subject to legal restrictions on confidentiality. | | | | | |
| I authorise my Doctor(s) and Specialist(s) to release reports to Kirklees Metropolitan Council as Licensing Authority about my condition. I authorise Kirklees Metropolitan Council to disclose such relevant medical information as may be necessary to the investigation of my fitness to drive, to all those involved in the determination of my application for a licence, and to release to my Doctor(s) details of the outcome of my case and any relevant medical information. I declare that I have checked the details I have given on this form and that, to the best of my knowledge and belief, they are correct. | | | | | |
| Signature | | | Date | | |

Section 9 – Applicant's details

To be competed in the presence of the Medical Practitioner carrying out the examination

Please make sure that you have printed your name and date of birth on each page before sending this form with your application

| Name | Date of Birth | |
|---------------|----------------------|--|
| Address | Home phone number | |
| | Daytime phone number | |
| | | |
| Postcode | | |
| Email Address | | |

| Section 10 – Medical Practitioner Details | | | | | | |
|---|--|---------------|--|--|--|--|
| To be completed by the Medical Practitioner carrying out the examination | | | | | | |
| Name | | Surgery Stamp | | | | |
| Address | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Postcode | | | | | | |
| Email Address | | | | | | |
| | | | | | | |
| The applicant is registered with me as a patientYes/No*I have full access to the patient's medical recordsYes/No* | | | | | | |
| I have considered that the applicant MEETS/DOES NOT MEET* the criteria for a group 2 vocational driver's licence as set out in the latest editions of DVLA publication "for Medical | | | | | | |
| Practitioners – at a Glace Guide for Current Medical Standards of Fitness to Drive" and the Medical | | | | | | |
| Commission on Accident Prevention's publication "Medical Aspects of Fitness to Drive". *please delete whichever is inapplicable | | | | | | |
| Signature of Medical Practitioner | | Date | | | | |

Additional notes for the doctor where the applicant is diagnosed as diabetic

Where the applicant requests a special exemption from the Group 2 Medical Standard then the authority will require from you and a hospital consultant, confirmation of the applicant's current state of health and his/her ability to drive Hackney Carriage/ Private Hire vehicles.

- 1. Any previous history of Hypoglycaemic related injury or accident, or has the applicant had any episodes of disabling hypoglycaemia requiring help from another person during the last 12 months (except if this occurs during sleep)?
- 2. Has the applicant had an episode of hypoglycaemia whilst driving in the last 12 months?
- 3. Are there always warning symptoms when the applicant's blood glucose starts to fall (except if this occurs during sleep)?
- 4. Is there any evidence of a history of unawareness of hypoglycaemia?
- 5. Has the applicant received blood glucose awareness training?
- 6. Has the applicant informed the DVLA of the diabetic condition?
- 7. Has the applicant informed the insurance company of the diabetic condition?

In assessing the applicant's fitness to drive you must take into account the responses to the above questions, in addition to those contained in the standard medical.

Signature Medical Practitioner: