



**Question: What is private hire?**

Private hire is the provision of a vehicle and driver to undertake a journey carrying passengers from one location to another for a fee. The journey may only be undertaken if booked in advance with a licensed private hire operator. Three licences are required in order to undertake a private hire journey

1. **Private hire operator licence** - This authorises a company or an individual to receive bookings and dispatch licensed vehicles and drivers to undertake bookings.
2. **Private hire driver's licence** - This authorises a driver to drive licensed vehicles to carry the passengers.
3. **Private hire vehicle licence** - This authorises a specific vehicle to be used for carrying the passengers.

This guidance document outlines the procedure that must be followed in order to apply for a new private hire drivers' licence. Separate guidance documents are available on our website for private hire vehicle and operator licence applications.

All three licences must be in place and issued by the same authority in order for a legitimate private hire booking to be accepted.

**Question: What are the differences between hackney carriage and private hire vehicles?**

Hackney carriage vehicles generally look like a London style cab and have an illuminated "TAXI" sign on the roof. Hackney carriages can be hailed in the street or they can be hired at any taxi rank in the borough. Only a licensed hackney carriage ('taxi', 'black cab') may ply for hire. Private hire drivers are not allowed to ply for hire. Plying for hire is an offence under the Town Police Clauses Act 1847 and carries a maximum penalty of £2,500.

Private hire drivers must not accept bookings from anyone other than their licensed operator. Private hire drivers must not draw attention to themselves as being available for hire or provide his/her own telephone number. A gesture accompanied by a conversation with a member of the public suggesting that a private hire driver is available for hire without a prior booking from a licensed operator will be seen as unlawful. A private hire driver must not allow any passenger to enter their vehicle without first having received a booking via your licensed operator. Private hire drivers are not allowed to set down or pick up passengers from a taxi rank even if booked through a licensed operator.

**Question: How long will my application take?**

The licensing team estimates that the application process should take approximately 8-12 weeks. This includes the process time for a disclosure and barring service (DBS) check, driver awareness test (DAT), Blue Lamp Trust driving test and a medical examination. If your application is delayed due to convictions or medical conditions disclosed, or if you fail the required tests, the process may take longer than stated above.

You are reminded it is an offence to work as a private hire driver in this authority until you are in possession of a current private hire driver's licence and badge issued by BDBC.

## Question: What do I need to consider before I apply to become a private hire driver?

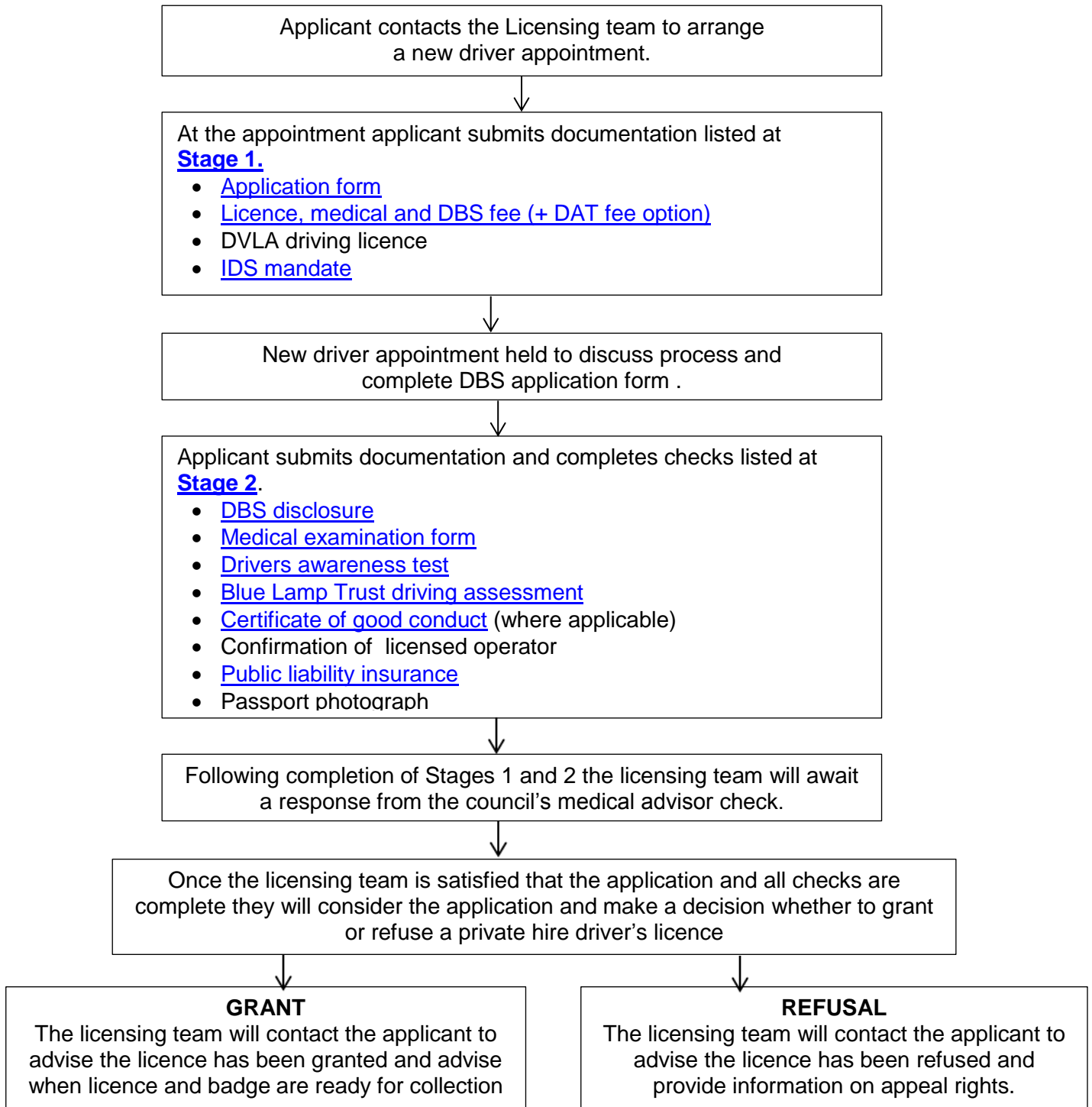
Applicants must meet specific criteria in order to be considered for a licence and the council must be satisfied that an applicant is a 'fit and proper' person to hold a private hire drivers licence and transport members of the public. Before you make an application you should consider whether you are able to fulfil the following criteria:

<b>Guidance &amp; forms</b>	
Applicants must be over the age of 21.	
Applicants must be able to demonstrate the right to live and work in the UK.	
Applicants must complete and give to the council an application on the form provided and pay the current licence <a href="#">fee</a> .	<a href="#">Section A</a>
Applicants must have held a full drivers licence for at least one year prior to the date of application and will be required to complete a data protection mandate authorising the council to confirm details of their driving history with intelligent data systems (IDS). (Holders of non UK driving licences will be required to have registered their non UK licence with the DVLA)	<a href="#">Section B</a>
Applicants are required to disclose any criminal history by providing a disclosure and barring service (DBS) enhanced criminal record certificate. Non UK applicants including those who have lived outside the UK must also provide a signed and sealed ' <a href="#">certificate of good conduct</a> ' from the embassy of all the relevant countries in which they were born or have lived since the age of 10.	<a href="#">Section C</a>
Applicants will be required to undertake and pass a drivers awareness test (DAT) which will assess their knowledge of the highway code, BDBC conditions of licence, geographical knowledge of the borough and basic English and numeracy skills.	<a href="#">Section D</a>
Applicants will be required to undertake and pass a practical Blue Lamp Trust assessment test.	<a href="#">Section E</a>
Applicants must produce evidence that they are insured for third party public liability cover to a minimum of £2,000,000.	<a href="#">Section F</a>
Applicants are required to undertake a medical examination and must meet the DVLA Group 2 medical fitness standards.	<a href="#">Section G</a>

If applicants have reason to believe there may be doubt on criminal, motoring or medical grounds as to whether the council will grant the request for a private hire driver's licence, the applicant is advised to contact the licensing team before submitting an application for further advice.

The licensing team will take into account ALL convictions when considering an application for a driver's licence, irrespective of offence; sentence imposed or age when the offence is committed. ALL motoring and criminal offences must be declared on the application form whether spent or unspent. Further information on our policy relating to convictions can be provided to applicants on request.

## NEW PRIVATE HIRE DRIVER'S LICENCE APPLICATION PROCESS



## STAGE 1: WHAT DO I NEED WHEN I SUBMIT MY APPLICATION?

The first stage of the application process requires the applicant to organise an appointment with the licensing team. Applicants should call (01256) 844844 or e-mail [licensing@basingstoke.gov.uk](mailto:licensing@basingstoke.gov.uk) to make a new driver appointment. New driver appointments are available on Tuesdays or Thursdays only during office hours and may take up to 1 hour to complete. **Do not submit your application before your appointment is made.**

Additional application documentation can also be submitted in person at the Parklands Reception at the Civic Offices where a member of the customer services team will check your documentation. If you bring your application to the Parklands Reception you will need to take a ticket and the officers will photocopy any original documents and return those to you.

**Please do not leave original documents with our reception unless specifically requested by the licensing team.**

**The following documents must be submitted at the initial appointment with the licensing team (as a minimum requirement):**

- |   |                          |
|---|--------------------------|
| 1. An application form fully completed and signed by you. ( <a href="#">Section A</a> )   | <input type="checkbox"/> |
| 2. The current licence fee and DBS criminal check fee ( <a href="#">Section A</a> )   | <input type="checkbox"/> |
| 3. A valid DVLA driving licence (counterpart and photo card)  | <input type="checkbox"/> |
| 4. A completed and signed IDS mandate ( <a href="#">Section B</a> )   | <input type="checkbox"/> |
| 5. Acceptable forms of identification for completion of DBS criminal check  | <input type="checkbox"/> |
| 6. Acceptable forms of identification for a right to work check.<br>(Refer to <a href="#">Section C</a> for details of acceptable identification) | <input type="checkbox"/> |

*Further documentation listed at Stage 2, can also be submitted at the initial appointment.*

Following your new driver appointment the licensing team will send off your DBS application form, IDS Mandate and references. The DBS may take between 2-8 weeks to issue your certificate.

## STAGE 2: WHAT DO I NEED TO DO TO COMPLETE MY APPLICATION?

The following checks must be completed and relevant documents submitted before your private hire drivers licence application can be determined:

<b>7. DBS Disclosure certificate</b> Applicants must produce an enhanced DBS disclosure certificate to the licensing team. (Following receipt from the DBS <a href="#">See Section C.</a> )	<input type="checkbox"/>
<b>8. Medical examination form</b> Applicants must produce a council issued medical examination form completed and signed by your GP or a Doctor at the surgery where you are registered. (Any fee to the doctor is payable by the applicant ( <a href="#">See Section G</a> ))	<input type="checkbox"/>
<b>9. Driver awareness test (DAT)</b> Applicants must undertake and pass the drivers awareness test. Payment for tests is payable to the Licensing team. (See <a href="#">Section A</a> for payment details and <a href="#">Section D</a> for further information on the test)	<input type="checkbox"/>
<b>10. Blue Lamp Trust driving assessment</b> Applicants must undertake and pass the Blue Lamp Trust driving assessment and produce the original pass certificate to the Licensing team. (Payment for the test is payable to the Blue Lamp Trust ( <a href="#">See Section E</a> ))	<input type="checkbox"/>
<b>11. Certificate of good conduct (where applicable)</b> Applicants must produce a translated and sealed <a href="#">certificate of good conduct</a> to the licensing team (where applicable)	<input type="checkbox"/>
<b>12. Confirmation of licensed operator</b> Applicants must confirm the details of the licensed private hire operator they will be working for once their licence is issued.	<input type="checkbox"/>
<b>13. Public liability insurance</b> Applicants must provide evidence of a minimum of £2 million public liability insurance: (a) Original certificate (if you are the named policy holder), or (b) Copy of certificate and declaration completed by policy holder ( <a href="#">Section F</a> )	<input type="checkbox"/>
<b>14. Passport photograph</b> Applicants must provide 1 colour passport size photograph.	<input type="checkbox"/>

*The licensing team may also request other information considered to be reasonably necessary in order to determine the application.*

### IMPORTANT REMINDER

**An enhanced DBS disclosure report will be valid for 6 months only. If your application is not determined before the DBS disclosure expires, a new disclosure will be required.**

**A medical examination report will be valid for 12 months only. If your application is not determined before the medical expires a new medical will be required.**

**Question: What happens next?**

Following completion of Stages 1 & 2 and once responses have been received and the licensing team is satisfied that the application is complete, a decision will be made whether to grant or refuse your private hire drivers licence. Applicants may be requested to attend a further interview at the council offices and/or provide other information which may be considered necessary in order to determine the application.

Where a decision is made to grant the private hire drivers licence the applicant will be notified when their licence and badge is ready for collection from the council offices. All private hire driver licences are issued subject to compliance with the standard licence conditions which will be provided on issue of your licence. Further copies of all private hire and hackney carriage licence conditions and byelaws are available to download at [www.basingstoke.gov.uk](http://www.basingstoke.gov.uk)

In accordance with the Immigration Act 2016, if the applicant has a time limited right to work in this country, a licence will only be granted for that stated period of time unless further evidence is provided of an extension to the time limit.

Where a decision is made to refuse the private hire drivers licence the applicant will be notified in writing and provided the opportunity to appeal the decision to the Licensing Sub-Committee or the Magistrates Court within 21 days.

**Question: What standard of DBS and Medical requirements are required for licensed private hire drivers**

An enhanced disclosure and barring service (DBS) disclosure is required to determine a driver's suitability to be licensed and this is required every three years.

This authority is encouraging all licensed drivers to register with the DBS online service which requires a yearly subscription of £13 by the applicant, and would eliminate the future requirement for a DBS appointment as this authority would seek authorisation to access criminal records online. Ask the officer to discuss the process of registering at your appointment.

In accordance with the licence conditions, all applicants must meet the DVLA Group 2 medical standards. Once a licence is granted the medical is required every five years up to the age of 65, annually thereafter. Under some circumstances our medical advisor may advise more frequent checks are necessary. The GP that carries out the medical must have access to the driver's medical records. The medical form should be returned to the licensing team as soon as possible after completion by the GP.

**Question: How do I renew my drivers licence?**

Licensed drivers will be sent a renewal reminder by the licensing team between 4-8 weeks before the expiry date. Renewal applications must be submitted at least 10 working days before the current licence expires. Failure to do so could mean your licence is not renewed before your current licence expires and therefore you will be unable to work.



LICENSING

APPLICATION FOR A NEW PRIVATE HIRE DRIVER'S LICENCE (page 1 of 4)

This form MUST NOT be used for a renewal private hire drivers licence application.

<b>PLEASE COMPLETE PAGE ONE AND TWO IN CAPITAL LETTERS USING BLACK INK</b>			
<b>1. NAME (in full)</b>			
<b>2. ADDRESS</b>			
<b>3. HOME TEL. NO.</b>		<b>4. MOBILE TEL. NO.</b>	
<b>5. EMAIL ADDRESS</b>			
<b>6. D.O.B</b>		<b>7. National Insurance no:</b>	
<b>8. WHEN DID YOU PASS YOUR DRIVING TEST?</b>			
<b>9. HAVE YOU EVER LIVED IN ANY COUNTRY OTHER THAN THE UK? YES <input type="checkbox"/> NO <input type="checkbox"/></b>			
<b>If Yes, when did you become resident in the UK?:</b>			
<b>Please provide details of ALL other countries you have lived in:</b>	<b>Country</b>	<b>From date</b>	<b>To date</b>
<b>10. CRIMINAL AND MOTORING CONVICTIONS, CAUTIONS OR WARNINGS</b>			
<b>Please provide details of ALL criminal or motoring convictions, cautions or warnings</b>			
We take into account ALL convictions when considering an application for a driver's licence. All motoring and criminal convictions must be declared on the application form.			
<b>Nature of Offence</b>	<b>Penalty</b>	<b>Date</b>	
<b>11. ARE THERE ANY CHARGES PENDING AGAINST YOU AT THE TIME OF THIS APPLICATION? YES <input type="checkbox"/> NO <input type="checkbox"/></b>			
<b>If Yes, please provide further details</b>			
<b>12. HAVE YOU EVER BEEN DISQUALIFIED FROM DRIVING? YES <input type="checkbox"/> NO <input type="checkbox"/></b>			
<b>If Yes, please state date(s) of disqualification and reason:</b>			
<b>13. HAVE YOU EVER HELD A DRIVERS LICENCE WITH ANY OTHER COUNCIL? YES <input type="checkbox"/> NO <input type="checkbox"/></b>			
<b>If yes, please state council and dates:</b>			
<b>OFFICE USE ONLY</b>	<b>DOCTYPE:</b>	<b>APPFORM</b>	<b>BADGE NO:</b>
<b>FORM NO:</b>	<b>LIC_TXPDN</b>	<b>Revised: April 2018</b>	<b>Next Revision date: April 2020</b>

**14. HAVE YOU EVER HAD A LICENCE OR LICENCE APPLICATION REVOKED OR REFUSED?** YES  NO

If yes, please state date(s) and reason:

**15. MEDICAL STATUS**

**ARE YOU AWARE OF ANY MEDICAL CONDITION THAT MAY AFFECT YOUR SUITABILITY AS A PRIVATE HIRE DRIVER?** YES  NO

If yes, please give full details and continue on a separate sheet if necessary

**16. OPERATOR (Private hire and hackney drivers undertaking any pre-booked work)**

Please provide the name of the Licensed Operator for whom you propose to drive or tick the box to indicate that your operator details will follow.

Details of operator

OR Operator details to be confirmed   
 A licence will not be issued without confirmation of the licensed operator for whom you propose to drive

**17. PUBLIC LIABILITY INSURANCE**

You must be insured for a minimum of £2 million public liability insurance and provide evidence to the licensing team before your driver's licence can be issued.

I am the named policy holder and enclose evidence of public liability cover (original certificate)

I have provided evidence of public liability cover (copy of certificate) and a declaration form completed by the named policy holder

Evidence of Public Liability Insurance to follow

A private hire drivers licence will not be issued without evidence of current public liability insurance

**10. DECLARATION**

I hereby declare that the information and particulars given by me in this application are true and correct to the best of my knowledge and belief and I make it knowing that if it is tendered inaccurately, any licence determined and issued in connection with it may be suspended, modified and /or revoked.

Signature:	Name (please print):	Date:
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Fees		Office Use Only: Code
3 Year Licence	£285.00	YBSE2302-CO41
DBS Criminal Check	£44.00	1-B4603001-YE25
Driver Awareness Test	£35.00	1-B4603001-YB61
Medical Advisor Check (where due)	£30.00	YBSE2302-CO41

Payment to be made prior to your appointment either at the kiosk in the Parklands Reception, if paying by debit/credit card with one of the receptionists, or over the phone with our contact centre (01256) 844844.



## STAGE 1 DOCUMENT CHECKLIST

- |   |                          |
|---|--------------------------|
| 1. An application form fully completed and signed by you. ( <a href="#">Section A</a> ) | <input type="checkbox"/> |
| 2. The current licence fee and DBS criminal check fee ( <a href="#">Section A</a> )     | <input type="checkbox"/> |
| 3. A valid DVLA driving licence (counterpart and photo card)                            | <input type="checkbox"/> |
| 4. A completed and signed IDS mandate ( <a href="#">Section B</a> )                     | <input type="checkbox"/> |
| 5. Acceptable forms of identification for completion of DBS criminal check              | <input type="checkbox"/> |
| 6. Acceptable forms of identification for a right to work check.                        | <input type="checkbox"/> |
- (Refer to [Section C](#) for details of acceptable identification)

*Further documentation listed at Stage 2, can also be submitted at the initial appointment.*

## STAGE 2 DOCUMENT CHECKLIST

- |   |                          |
|---|--------------------------|
| 7. <b>DBS Disclosure certificate</b><br>Applicants must produce an enhanced DBS disclosure certificate to the licensing team. (Following receipt from the DBS <a href="#">See Section C.</a> )  | <input type="checkbox"/> |
| 8. <b>Medical examination form</b><br>Applicants must produce a council issued medical examination form completed and signed by your GP or a Doctor at the surgery where you are registered.<br>(Any fee to the doctor is payable by the applicant ( <a href="#">See Section G</a> ))                         | <input type="checkbox"/> |
| 9. <b>Driver awareness test (DAT)</b><br>Applicants must undertake and pass the drivers awareness test. Payment for tests is payable to the Licensing team.<br>(See <a href="#">Section A</a> for payment details and <a href="#">Section D</a> for further information on the test)                          | <input type="checkbox"/> |
| 10. <b>Blue Lamp Trust driving assessment</b><br>Applicants must undertake and pass the Blue Lamp Trust driving assessment and produce the original pass certificate to the Licensing team. (Payment for the test is payable to the Blue Lamp Trust ( <a href="#">See Section E</a> ))                        | <input type="checkbox"/> |
| 11. <b>Certificate of good conduct (where applicable)</b><br>Applicants must produce a translated and sealed <a href="#">certificate of good conduct</a> to the licensing team (where applicable)   | <input type="checkbox"/> |
| 12. <b>Confirmation of licensed operator</b><br>Applicants must confirm the details of the licensed private hire operator they will be working for once their licence is issued.  | <input type="checkbox"/> |
| 13. <b>Public liability insurance</b><br>Applicants must provide evidence of a minimum of £2 million public liability insurance:<br><br>(a) Original certificate (if you are the named policy holder), or<br>(b) Copy of certificate and declaration completed by policy holder ( <a href="#">Section F</a> ) | <input type="checkbox"/> |
| 14. <b>Passport photograph</b><br>Applicants must provide 1 colour passport size photograph.  | <input type="checkbox"/> |

*The licensing team may also request other information considered to be reasonably necessary in order to determine the application.*

For further information on the requirements to renew a private hire or hackney carriage driver's licence please refer to the 'Notes to Applicants' and 'Conditions of Licence' which are available on our website at [www.basingstoke.gov.uk](http://www.basingstoke.gov.uk) or on request from the licensing team. You can contact the licensing team with any queries on 01256 844844 or email [licensing@basingstoke.gov.uk](mailto:licensing@basingstoke.gov.uk). If you wish to see an officer to discuss your application, you will need to contact the duty officer on (01256) 844844 or email [licensing@basingstoke.gov.uk](mailto:licensing@basingstoke.gov.uk) to arrange a convenient appointment. If you arrive without an appointment, there may not be an officer available to see you.

Basingstoke and Deane Borough Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information, see the Level 2 notice on Basingstoke and Deane Borough Council website which can found at: <http://www.basingstoke.gov.uk/fraud> or contact Internal Audit Investigations Team, Basingstoke and Deane Borough Council, Tel 01256 845501

## HOW WE COLLECT AND USE INFORMATION

We will use the information given in this form and any supporting evidence you send us to process your hackney carriage /private hire application. We may pass the information to other agencies or organisations, such as the Department for Work and Pensions and the Inland Revenue, as allowed by law.

We may check information you have provided, or information about you that someone else has provided, with other information held by us. We may also get information about you from certain third parties, or give them information to:

- make sure the information is accurate;
- prevent or detect crime; and
- protect public funds.

These third parties include government departments, local authorities, and private-sector companies such as banks and organisations that may lend you money. We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us.

Basingstoke and Deane Borough Council is the data controller for the purposes of the Data Protection Act. If you want to know more about what information we have about you, or the way we use that information, please ask us.

You have a right of access to the information that this Council holds about you. To request this please write to: Information Governance Officer. Basingstoke and Deane Borough Council, Civic Offices, London Road, Basingstoke RG21 4AH



Immigration Act 2016 - Local Government (Miscellaneous Provision) Act 1976
Hackney Carriage/Private Hire Drivers/ Private Hire Operators

IMMIGRATION CHECK SELF DECLARATION FORM

Your right to work in the UK will be checked as part of your licence application, this could include the licensing authority checking your immigration status with the Home Office. You must therefore provide a document or document combination that is stipulated as being suitable for this check.

If there are restrictions on the length of time you may work in the UK, you licence will not be issued for any longer than this period. In such circumstances, the check will be repeated each time you apply to renew or extend your licence.

Name: ..... Date of birth: .....

Address: .....

..... Post code: .....

DOCUMENTS EVIDENCING RIGHT TO WORK (see guidance notes attached for further information, include any reference or issue numbers and expiry dates)

1. [Empty box for document details]

2. [Empty box for document details]

DECLARATION

I hereby solemnly and sincerely declare:

- That the information and particulars given by me are true and correct to the best of my knowledge and belief.
• I am aware if I make, knowingly or recklessly, a false statement or omit any information from this form, it is a criminal offence.
• I understand and consent that the information and particulars given by me in this self declaration form may be issued to and verified with other enforcement agencies and consulting bodies; including Hampshire Police, the Home Office, Local Magistrates Court, and any other corporate body in accordance with data protection and the Council's disclosure policy.
• I am aware if any information is tendered inaccurately, relevant information is not disclosed or I make any false statements, my suitability to hold a private hire/hackney carriage driver's licence could be reviewed and I would be subject to enforcement action in accordance with the Licensing Enforcement Policy.
• I will immediately notify licensing of any change in my immigration status which could result in a conviction, warning, penalty or caution and/or any change to my medical condition which could affect my fitness to hold a private hire/hackney carriage driver's licence.

Signature: .....

Date: .....

For Office use only:

I confirm receipt and check of immigration documentation (tick relevant documentation below).

Officer Name: .....

Signature: .....

Date: .....

.....

LIST A:

- 1) A passport showing the holder is a British Citizen or a citizen of the UK and the Colonies having the right of abode in the UK.
- 2) A passport or national identity card showing 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 Officer to a national of a European Economic Area country or Switzerland
- 4) A Permanent Residence Card issued by the Home Office
- 5) A Current 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 persons 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 persons 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 persons 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 persons permanent National Insurance number and their name issued by a Government agency or a previous employer.

If you cannot provide one of the options from List A, please see below:

LIST B:

- 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 Residents 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 persons permanent National Insurance number and their name issued by a Government agency or a previous employer.
- 5) A certificate of Application issued by the Home Office under regulation 17 (3) or 18A(2) of the Immigration (European Economic Area) Regulation 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 six months old.

## Driving Licence Information Fair Processing Declaration Form

Guidance notes – please read these notes before completing this form

1. Under Health and Safety and Duty of Care requirements, your employer is obliged to check that all employees who carry out business mileage for the company, no matter the distance or frequency are correctly licenced to drive. Your employer has outsourced this process to DriveTech and its sister company Intelligent Data Systems UK Limited (IDS) to minimise any inconvenience and ensure consistency. By outsourcing this process to a specialist provider in the field of data management, the risk or exposure to possible data fraud is minimised due to our highly secure and encrypted systems and process. For further information about how we process your data, your rights and who to contact, see our privacy notice at [www.drivetech.co.uk/home/privacy-policy](http://www.drivetech.co.uk/home/privacy-policy) or visit the Data Protection area in DriveTech's FAQ section on FleetRiskManager [www.fleetriskmanager.com/Home/FAQDataProtection](http://www.fleetriskmanager.com/Home/FAQDataProtection).

2. You should only fill in this form if you have read and understood how your driving licence information will be processed by DriveTech on behalf of your employer. DriveTech will fill in the "Company Details" and the "Reason for processing information" sections of the form on behalf of your employer. You must then fill in the "Driver Details" section and sign and date the "Driver information fair processing declaration" section. DriveTech and DVLA will not accept forms if they haven't been signed and dated by you. If you make an error on this form please complete a new form for processing.

3. In some instances, your employer may also be working with a Third Party (e.g. Leasing Partner), if this is the case DriveTech will list all relevant companies in the "Organisation Details" section.

4. Immediately after your employer notifies DriveTech that you are no longer an employee, or that you no longer drive on business, your record will be archived. In accordance with DVLA requirements, your Fair Processing Declaration form will be archived for seven years from the date of signature and subsequently destroyed. If your connection with the company or companies listed in the Organisation Details Section stops, you have the right for your information not to be processed by them. Please refer to the privacy notice for the named company or companies in that Section.

5. You can also view or share your driving licence information online at [www.gov.uk/view-driving-licence](http://www.gov.uk/view-driving-licence).

6. If the details on your driving licence are not up to date, return it to DVLA and inform them about the changes they need to make. By law, you must tell DVLA immediately if you change your permanent address or name. You could be fined up to £1,000 if you do not tell DVLA about these changes.

7. If your licence has been lost, stolen or destroyed you will need to apply for a replacement. You can find out how to do this online at [www.gov.uk/apply-online-to-replace-a-driving-licence](http://www.gov.uk/apply-online-to-replace-a-driving-licence). Or, as long as you have not changed the details on your photocard licence, you can apply for a replacement licence using a debit card or credit card by phoning 0300 790 6801 between 8am and 2pm on Saturdays.



Please write in BLACK INK and CAPITAL LETTERS

**1. Organisation details**

\*Mandatory fields.

Name of company\*

Name of third party

**2. Reason for processing information:**

**3. Driver details:**

Are you associated with the above named organisation? YES  NO

If No, please provide the name of the employee who has named you as an additional / nominated driver:

If Driver Works for Company\* Company Car:  Own Car on Business:  Pool Vehicle/Van:  Occasionally only:

Employee number or ID

Department/Division

Surname\*

First Name\*

First Middle Initial  Date Of Birth\* (DDMMYYYY)  Date Entered UK (overseas licences only) (DDMMYYYY)

Driver/Licence Number\*

Country of Issue

Your Email Address

@

Current Address\*  Address on Licence (if different)

Post Town\*  Post Town\*

Post Code\*  Post Code\*

\*You must tell DVLA about any changes to your address, if you don't, you could be fined up to £1,000

**4. Declaration**

I am the person referred to in the Driver Details Section. I understand DriveTech (UK) Limited and the company or companies listed in the Organisation Details Section will ask DVLA for my driver record information, as and when they require, for the purposes set out in the Reason for Processing Section.

I understand DVLA will disclose to DriveTech (UK) Limited, and the company or companies in the Organisation Details Section all relevant information held in the computerised register of drivers maintained by DVLA. This includes personal details, driving entitlements, valid endorsements and disqualifications (if relevant), photo images, Certificate of Professional Competence (CPC) and Digital Tachograph Card details (where appropriate). I understand this information will be held by DriveTech (UK) Limited, and the company and third party named above, who will use the information only for the purpose for which it is intended.

I understand that DriveTech (UK) Limited will use my email address in the future solely for the purpose of contacting me in relation to my licence check. This declaration will expire when I stop driving in connection with the company or in any case, three years from the date of my signature. For further information go to <https://www.drivetech.co.uk> to read the Privacy Notice.

Driver's Signature\*

Date Of Signature\* (DDMMYYYY)

Email a scanned copy of your Fair Processing Declaration Form to [documents@drivetech.co.uk](mailto:documents@drivetech.co.uk)  
 Alternatively post to:- Document Processing, PO Box 6956, Basingstoke, RG24 4WT

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			REV 1

## HOW TO BOOK A DISCLOSURE AND BARRING SERVICE (DBS) APPOINTMENT

Please contact the licensing team to arrange an appointment to complete a DBS disclosure application form by calling (01256) 844844 or e-mailing [licensing@basingstoke.gov.uk](mailto:licensing@basingstoke.gov.uk). Appointments can be booked on Tuesdays or Thursdays only during office hours.

You will be required to provide evidence of identity in order that the form can be completed; acceptable forms of identity are listed below. Payment for a DBS is £44.00. Please provide a receipt for payment at the appointment.

Following the General Data Protection Regulation (GDPR) from 25 May 2018, DBS are required to explain to applicants how their personal data will be used and their rights under the GDPR. This is explained in the Enhanced Privacy Policy which can be found at <https://www.gov.uk/government/publications/dbs-privacy-policies>. **Before your appointment you MUST read this policy and ensure you understand it as we will require a declaration from you before your DBS application can be submitted.** A hard copy of the privacy policy is available from the licensing team on request.

**At the appointment three separate documents must be provided to evidence your identity. At least one of the forms of identity you provide must be a:**

- **Current valid passport, or**
- **Biometric Residence Permit, or**
- **UK Driving Licence (photocard)**
- **Birth Certificate (issued at the time of birth)**

If you are unable to do so, then we are required by the DBS to carry out an external ID validation check, which will incur an additional cost of £6.00 (including VAT). If you are able to supply at least one of the forms of identity listed above then the remaining forms of identity can consist of any of the following additional

### LIST OF ADDITIONAL VALID IDENTITY DOCUMENTS ACCEPTED FOR AN ENHANCED DBS APPLICATION

**All documents must be valid, current and original. Photocopies or documentation printed from the internet will not be accepted.**

Trusted Government/State Issued Documents:
<ul style="list-style-type: none"> <li>• <b>Current UK Driving Licence (old style paper version)</b></li> <li>• <b>Current non-UK Photo Driving Licence</b> (valid only for applicants residing outside of the UK at time of application)</li> <li>• <b>Birth Certificate (UK and Channel Islands)</b> – (issued after the time of birth by the General Register Office/relevant authority i.e registrars. (Photocopies are not acceptable.)</li> <li>• <b>Marriage/Civil Partnership Certificate</b> (UK and Channel Islands)</li> <li>• <b>Adoption Certificate</b> (UK and Channel Islands)</li> <li>• <b>HM Forces ID Card</b> (UK)</li> <li>• <b>Fire Arms Licence</b> (UK and Channel Islands)</li> </ul>

### Financial and Social History Documents:

- **Mortgage Statement \*\*** (UK or EEA) (Non-EEA statements must not be accepted)
- **Bank/Building Society Statement \***(UK or EEA) (Non-EEA statements must not be accepted)
- **Bank/Building Society Account Opening Confirmation Letter** (UK)
- **Credit Card Statement\*** (UK or EEA) (Non EEA statements must not be accepted)
- **Financial Statement\*\*** eg pension, endowment, ISA (UK)
- **P45/P60 Statement \*\***(UK and Channel Islands)
- **Council Tax Statement \*\*** (UK and Channel Islands)
- **Work Permit/Visa\*\*** (UK) (UK Residence Permit)
- **Letter of Sponsorship from future employment provider** (Non-UK/Non-EEA only – valid only for applicants residing outside of the UK at time of application).
- **Utility Bill\* (UK) – Not Mobile Telephone**
- **Benefit Statement\* - eg Child Allowance, Pension**
- **A document from Central/Local Government/Government Agency/ Local Authority giving entitlement\***(UK and Channel Islands) eg from the Department for Work and Pensions, the Employment Service, Customs & Revenue, Job Centre, Job Centre Plus, Social Security
- **EU National ID Card**
- **Cards carrying the PASS accreditation logo** (UK and Channel Islands)

**Denoted with \*** documentation should be less than three months old  
**Denoted with \*\*** documentation should be issued within past 12 months  
**Not denoted** documentation can be more than 12 months old.

On completing your appointment the licensing team will send the completed application form to the Disclosure and Barring Service.

The certificate will then be issued to you at the address listed on your DBS application form, no copy will be sent to the licensing team. **You MUST therefore produce your DBS Enhanced Disclosure Certificate to the licensing team as soon as possible.**

*The DBS have introduced a new Update Service. Details will be provided at your appointment. If you already subscribe to the DBS Update Service and want Basingstoke and Deane licensing team to carry out a status check, you must provide an enhanced DBS certificate and a completed **consent form**. Your certificate must be for a child and adult workforce. No fee is required for a status check. Further information on the Update Service can be found at [www.gov.uk/dbs](http://www.gov.uk/dbs)*



## FURTHER INFORMATION

### **Obtaining a certificate of good conduct**

Any person submitting a new application for a private hire driver's licence who was born or has lived outside the UK for any period of time, should submit, at their own expense, a translated and sealed certificate of good conduct. This is to be obtained from the embassy or relevant authority of **each** country where they have lived since the age of ten years old. This will provide an equivalent record of criminal history as provided by the enhanced disclosure and barring service check required for UK applicants. Information regarding embassies can be found at the following website:

<https://www.gov.uk/government/world/organisations>

It is recommended that the applicant contacts the embassy in the first instance to see if they are able to provide the required information. If they are unable to provide a certificate of good conduct applicants should consult with the Licensing team who can advise on further avenues that you may take to provide the document required; for example a letter from the local police authority in the country in which you previously resided.

### **DBS Criminal record Check Certificates: Removal of old and minor offences**

Due to changes in legislation, with effect from 29 May 2013, the Disclosure and Barring Service (DBS) will remove certain specified old and minor offences from criminal record certificates issued from that date. Further information can be obtained from the Licensing team on request.

### **Retention Policy**

As an organisation using the Disclosure and Barring Service (DBS) to help assess the suitability of applicants for positions of trust, Basingstoke and Deane Borough Council complies fully with the DBS Code of Practice regarding the correct handling, use, storage, retention and disposal of Disclosures and Disclosure information. Further information can be obtained from the Licensing team on request.

### **Policy Statement Ex-Offender**

As an organisation using the Disclosure and Barring Service (DBS) to assess applicants' suitability for positions of trust, Basingstoke and Deane Borough Council complies fully with the DBS Code of Practice and undertakes to treat all applicants fairly. Further information can be obtained from the Licensing team on request.

### **Basingstoke and Deane Borough Council Private Hire Drivers Guidelines relating to convictions**

Hackney carriage and private hire drivers are listed as regulated occupations within the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. No conviction is categorised as spent under this Order. **All** categories that criminal offences fall into are deemed to be relevant to the role of a private hire and hackney carriage driver. Therefore we take into account **all** convictions when considering an application for a driver's licence, irrespective of offence, sentence imposed or age when the offence is committed. Further details of our policy relating to convictions can be obtained from the licensing team on request.

## Private Hire Driver Awareness Test

### Please read carefully before booking your test date

The private hire driver awareness test is designed as a general test for private hire driver licence applicants to ensure a working knowledge of the borough of Basingstoke and Deane and the private hire trade.

There are five sections to the awareness test, 10 questions in each section, all multi choice and headed as follows:

#### Section A: Private hire regulations and the Law - Example:

How many passengers are you permitted to carry in a private hire vehicle?

a) Four	b) Five
c) Eight	d) The number of passengers printed on the licence/plate

Applicants are advised to study the Highway Code to prepare for Section 1 of the test. The full Highway Code is available online on the GOV.UK website or testing aids can be found at your local library or bookshop.

#### Section B: An understanding of general driving - Example:

If a police officer orders your car to stop and he finds that you have a faulty tyre, who is responsible?

a) You, the driver	b) Whoever services the car
c) The previous owner	d) Whoever issued the current MOT

Applicants are advised to study the conditions of licence for private hire operators, vehicles and drivers. Applicants may also wish to refer to recent editions of our taxi and private hire newsletter. Copies of the relevant conditions and newsletters can be found on our website [www.basingstoke.gov.uk](http://www.basingstoke.gov.uk) or provided to applicants on request. This section also includes questions relating to dealing with disabled customers.

#### Section C: Basic English and Numeracy - Example:

The cost of a journey is £8.50. The passenger gives you a £10.00 note and tells you to keep the change. How much will your tip be?

a) £1.50	b) £2.00
c) £2.50	d) £3.00

Applicants are advised to contact Basingstoke College of Technology, Worting Road, Basingstoke RG21 8TN if they need help to improve their English and/or numeracy skills.

#### Section D : Geographical knowledge - Example:

Where is Everest Community Academy

a) Queen Mary Avenue	b) Worting Road
c) Crossborough Hill	d) Oxford Way

Applicants are advised to ensure that they have studied a local area map book and are confident in finding their way around the borough. It will be beneficial for applicants to familiarise themselves with the estates and villages within the Basingstoke and Deane area as well as taking note of any of the larger public houses, colleges and academy's, local landmarks, hotels and places of interest including leisure parks.

### **Section E: Random test (10 multiple choice questions)**

Section E of the test is a general test and includes a combination of questions relating to sections A to D.

**The fee is payable in advance for any test taken (including resits).**

### **How will the test be carried out?**

- This is an electronic test which is taken whilst sat at a computer. The candidate selects the correct answer selected from four multi-choice options.
- The overall time allowed for the test is 60 minutes.
- Tests will take place at the Civic Offices, Basingstoke and be overseen by a customer services officer
- Anyone who has a problem with reading and/or using a computer should advise the licensing team before booking their test date.
- There is a 80% pass mark which must be achieved in each section. Results will be sent by post or email within two weeks of the test taking place.

### **What if I fail to achieve the pass mark first time?**

- Any applicant not achieving a pass will be required to resit a whole test.
- If a second **resit** is not passed the applicant will be required to wait 6 months before they may apply to resit a whole test. This policy applies for every 3 tests taken that are not passed, ie a 6 month waiting period before another test can be taken.  
(NB: **Disclosure and Barring Service (DBS) disclosures are only kept for 6 months. After this time a new DBS disclosure will be required**)

### **How do I book a test?**

- Contact the licensing team on (01256) 844844 or e-mail [licensing@basingstoke.gov.uk](mailto:licensing@basingstoke.gov.uk) to confirm the next available test date. Remember tests take place on Wednesdays only.
- Payment for the test is payable in advance to confirm your place on the test. Applicants will be informed of their test date by email/post.

**NB: If you drive to the council offices you are advised to seek alternative parking as the the council car park has limited spaces.**

## How to book a Blue Lamp Trust private hire assessment test

To book a test over the phone you will need a:

- valid UK (or Northern Ireland) photocard licence or
- full British old style paper licence and valid passport, or
- European Union driving licence with a UK paper counterpart.
- valid debit or credit card for payment (Visa, Mastercard, Delta, Visa Electron, Switch/Maestro and Solo cards are accepted)

Please ensure you make it clear which test you are booking for:

<b>Private hire or taxi</b>
<b>Practical test</b>

Booking a Test by phone:

<b>Practical Test Booking Line</b>	0300 777 0157
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You can book a practical test over the phone from **Monday to Friday, 9.30am to 4pm.**

### FEES

<b>Private Hire Saloon</b> Highway Code / Traffic Signs / Cabology questions	<b>£87.00</b>
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### What does the assessment involve?

The assessment consists of a driving licence and eyesight check followed by a 45 minute driving test across a variety of road types. Each candidate will be asked to perform 2 reversing manoeuvres and possibly an emergency stop. A maximum of 9 driving faults are allowed and a high level of driving competence is required to pass.

Successful candidates will be issued with a copy of their marking sheet and the relevant licencing authority issued with an e-certificate.

You must use glasses or contact lenses during the whole test if you need them to read the number plate. You can't take the driving part of the assessment if you fail the eyesight test.

### **Vehicle requirements**

Your vehicle must meet the same requirements as the car practical driving test, and be a vehicle which would be suitable for use as a private hire vehicle in line with the Basingstoke and Deane Borough Council vehicle specification.

### **Documents you must bring**

You must bring both parts of your driving licence - the photocard and the paper counterpart. You must take your signed driving licence and a valid passport if you have an old-style paper licence.

### **Failing the assessment**

If you fail the assessment you'll get a debrief from the examiner and a copy of your assessment. You must wait at least 3 clear working days before you retake the assessment. Sundays and public holidays don't count as working days.

### **Passing the assessment**

When you pass your taxi assessment, you'll get a pass certificate (form TPH10), a copy of your assessment and a debrief from the examiner.

**Applicants must then produce the original pass certificate to the licensing team to demonstrate they have successfully passed the test.**

### **Documents you must bring**

You must bring your driving licence. You must take your signed driving licence and a valid passport if you have an old-style paper licence.

### **Failing the assessment**

If you fail the assessment you'll get a debrief from the examiner and a copy of your assessment. You must wait at least 3 clear working days before you retake the assessment. Sundays and public holidays don't count as working days

### **Passing the assessment**

When you pass your taxi assessment, you'll get a pass certificate, a copy of your assessment and a debrief from the examiner.

**Applicants must then produce the original pass certificate to the licensing team to demonstrate they have successfully passed the test.**

# BLUE LAMP TRUST GUIDANCE ON ASSESSMENT REQUIREMENTS

## Driving Assessment

Many (but not all) local authorities will require you take a taxi/PH driving assessment, which will be carried out by a DVSA approved assessor. The test will require you to show a level of driving skill and ability associated with that of an experienced driver. You will also need to demonstrate a sound knowledge of the Highway Code.

The standard needed to pass the test will be higher than that of a learner driver taking the standard driving test and will take into account issues specifically related to taxi driving. The main focus of the test will be on road safety and the safe conveyance of passengers. Your passengers must feel safe at all times.

The driving test will last for around forty five minutes. You will have to drive on a wide range of roads and in a variety of road traffic conditions and this may include motorways and dual carriageways.

## Manoeuvres

The test will require you to carry out 2 reversing manoeuvres from the following chosen by the assessor;

- A turn in the road.
- A left or right reverse from major to minor road.
- Reversing into a car parking space (Bay Parking).
- Reversing into a space at the side of the road (Parallel Parking).

Manoeuvres must be made safely, under control and in accordance with the Highway Code.

## Stopping the vehicle

As this is common practice when driving a taxi the examiner will require you to perform two or three stops. You should:

- Pull up at a reasonable distance from the kerb where it is safe, legal and convenient.
- Apply the handbrake.
- Select neutral gear.
- Ensure there are no obstructions, such as a street light, that would stop a passenger opening the door.

## The Independent drive

Independent driving forms part of the practical driving test. It requires the test candidate to drive without being given directions by the assessor by either following a series of street directions, following traffic signs, or a combination of both, for about ten minutes.

It doesn't matter if the candidate doesn't remember every direction, or if they go the wrong way - that can happen to the most experienced drivers. Independent driving is not a test of the candidates orientation and navigation skills, it is about being capable of making their own decisions whilst driving and how to safely navigate that route without prompts - this includes deciding when it's safe and appropriate to ask for confirmation about where they are going.

When taking the independent driving test:

- If you need to ask the examiner for a reminder of the directions then do so. Once asked the examiner will confirm the route.
- If you go off-route your overall driving test result will not be affected, unless you commit a driving fault. The examiner will also help you get back on the route so you can continue with independent driving.
- If there are poor or obscured traffic signs, the examiner will give directions until the next visible traffic sign.
- A detailed knowledge of the test route is not necessary.
- You cannot use a Sat-Nav.

### **Driving Assessment Marking**

- Remember – this is an assessment and involves no element of training or guidance. The assessor is only there to observe your drive and mark accordingly.
- The assessor is independent, accredited by the DVSA and will simply mark your driving against structured assessment criteria.
- The assessor will mark you as they would a learner driver taking the normal practical driving test. For more information check the DVSA website on driving tests.
- If you commit more than 9 driving faults you will fail, whereas a learner can score fifteen.
- You will also fail if you score one or more serious or dangerous driving faults.
- Driving Fault - This is a fault that is not potentially dangerous but if you make the same fault throughout your assessment it could become a serious fault.
- Serious Fault - a potentially dangerous incident has occurred or where a regular driving fault shows a serious or potentially dangerous weakness in the candidate's driving.
- Dangerous Fault - Involves actual danger to either you, the examiner, the public or property.
- The Assessor can only mark what is seen. No matter how many years you have been driving or your previous driving experiences, the assessor will simply mark what you do on your assessment, so if you make mistakes these will be marked.

### **The Assessment Results**

- Remember the standard of driving expected will be higher than that of a learner driver.
- If you commit offences such as driving in a bus lane contrary to a restriction, contravening a traffic light, overtaking contrary to the road marks and other similar actions you will automatically fail.
- If during your assessment you commit more than 9 driving faults, you will also fail.
- If you demonstrate a safe smooth drive without any serious or dangerous faults and 9 or less driving faults you will pass your test.
- In accordance with DVSA practice the assessor's decision is final.
- The assessor will give you your result at the end of the assessment. You will also be given a copy of your assessment sheet at this time.

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**PUBLIC LIABILITY DECLARATION FORM**

Applicants for a private hire driver's licence must produce evidence to the council to demonstrate that they are insured for third party public liability cover to a minimum of £2,000,000. This provides a driver with insurance cover for incidents that may happen when he/she is away from his/her vehicle.

<b>PUBLIC LIABILITY DECLARATION</b>
<i>Please refer to Question 8 of the Driver's Licence Application Form</i>
Are you the named policy holder on the public liability document?
If No, you must contact the policy holder and they must provide you with a copy of their policy document and complete the declaration below. These must then be submitted along with your application form.
If Yes, provide the original document of the current policy (you do not need to complete the declaration below).

<b>DECLARATION OF INSURANCE COVER FOR PRIVATE HIRE OR HACKNEY CARRIAGE DRIVER</b>	
I, (insert name of policy holder)	<input type="text"/>
can declare that (insert name of applicant)	<input type="text"/>
is covered under the attached insurance policy.	
I certify the attached is a true copy of the original insurance policy document.	
The insurance policy provides the required cover for the above driver and includes: (please tick)	
Motor Vehicle Insurance	<input type="checkbox"/>
Public Liability (min value £2 million)	<input type="checkbox"/>
I will notify the Licensing team immediately if cover for the above named driver ceases.	
Signed	<input type="text"/>
Dated	<input type="text"/>
Name:	<input type="text"/>
Telephone Number	<input type="text"/>
(Please print in block capitals)	
Position in Company	<input type="text"/>
(Please print in block capitals)	

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<b>FORM NO:</b>	<b>LIC_TXG7</b>	<b>Revision date: May 2018</b>	<b>Next revision date: May 2020</b>

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# LICENSING

## REPORT OF MEDICAL EXAMINATION OF APPLICANT FOR HACKNEY CARRIAGE OR PRIVATE HIRE DRIVER'S LICENCE

Local Government (Miscellaneous Provisions) Act 1976

### FRONT PAGE TO BE COMPLETED BY APPLICANT

To to completed in the presence of the Medical Practitioner carrying out the examination

Name of Applicant: [ ]

Address of Applicant: [ ]  
Postcode: [ ]

Contact Phone No.: [ ] E-mail Address: [ ]

Date of Birth: [ ]

Is this a new application? Yes  No   
Badge No: [ ] Date First Issued: [ ]

Name and address of doctor applicant is registered with: [ ]

**APPLICANT'S DECLARATION AND CONSENT**  
Please read the following carefully and sign the statements below:  
"I have read the notes overleaf and give my consent for the Council's Medical Advisor to consult my doctor(s) and specialist(s) regarding my medical examination for a Hackney Carriage or Private Hire driver's licence. I also give consent for my doctor(s) and specialist(s) to release information to the Council's Medical Adviser.  
I understand the information in this report will be retained by the Licensing Department on a confidential basis."  
Signed: [ ] Date: [ ]

**Please forward this completed report to:**

The Licensing team, Basingstoke and Deane Borough Council, Civic Offices, London Road, Basingstoke, Hampshire, RG21 4AH  
If you have any queries please contact the Licensing team at the above address or telephone: 01256 844844 Fax: 01256 845200 E-mail: licensing@basingstoke.gov.uk

**Any fee charged is payable by the applicant to the Medical Practitioner.**

DOC TYPE:	MEDFORM	PLATE/BADGE NO.	
FORM NO:	LIC_TXG2	Revision date: May 2018	Next revision date: May 2020

## Information and Useful Notes for Applicants and Doctors

Basingstoke and Deane Borough Council and Hart District Council require all new applicants for Hackney Carriage or Private Hire drivers' licences to undergo a medical in line with the DVLA Group 2 standard for the purpose of assessing their fitness to hold a private hire or hackney carriage drivers' licence. Existing drivers are required to undergo a medical every five years, or annually on renewal once they reach the age of 65. Additional more frequent medical assessment or tests may be required as advised by the council's medical adviser.

### **Group 2 Medical Standards**

Medical standards for Group 2 are very much higher than those applied to Group 1, reflecting the high risk caused by the length of time the driver may spend at the wheel in the course of their occupation. (Group 1 includes motor cars and motor cycles.) The following conditions are a bar to meeting Group 2 standards:

#### 1. Epilepsy or liability to epileptic attacks

A diagnosis of epilepsy or spontaneous epileptic attack(s) requires 10 years free of further epileptic attack without taking anti-epilepsy medication during that 10-year period.

#### 2. Diabetes

Insulin Treated Diabetic drivers are now permitted to drive under current Group 2 standards. They are required to demonstrate good control of their condition and must satisfy the following criteria:

- no episode of hypoglycaemia requiring the assistance of another person has occurred in the preceding 12 months
- has full awareness of hypoglycaemia
- regularly monitors blood glucose at least twice daily and at times relevant to driving, (no more than 2 hours before the start of the first journey and every 2 hours while driving). More frequent testing may be required if for any reason there is a greater risk of hypoglycaemia, for example after physical activity or altered meal routine, using a glucose meter with a memory function to measure and record blood glucose levels. At the annual examination by an independent Consultant Diabetologist, the last 3 months of blood glucose readings must be available
- advised to use a modern blood glucose meter which has a memory chip
- must demonstrate an understanding of the risks of hypoglycaemia
- there are no other debarring complications of diabetes such as visual field defect
- if medical standards are met, a 1year licence will be issued

To obtain further information on Diabetes and the DVLA Group 2 medical standards of fitness to drive, please refer to the Diabetes section of the DVLA's publication 'At a Glance Guide to the Current Medical Standards of Fitness to Drive' and the Appendix to this chapter (INF188) at [www.dvla.gov.uk/medical/ata glance](http://www.dvla.gov.uk/medical/ata glance)

Non-Insulin Dependent Diabetics managed by tablets which carry a risk of inducing hypoglycaemia (this includes Sulphonylureas and Glinides) are also permitted to drive under current Group 2 standards. They are required to demonstrate good control of their condition and must satisfy the following criteria:

- no episode of hypoglycaemia requiring the assistance of another person has occurred in the preceding 12 months
- has full awareness of hypoglycaemia
- regularly monitors blood glucose at least twice daily and at times relevant to driving using a modern blood glucose meter which has a memory chip
- must demonstrate an understanding of the risks of hypoglycaemia
- there are no other debarring complications of diabetes, such as a visual field defect

If medical standards are met a 1, 2 or 3 year licence will be issued.

Please refer to the Diabetes section of the DVLA's publication 'At a Glance Guide to the Current Medical Standards of Fitness to Drive' at [www.dvla.gov.uk/medical/ata glance](http://www.dvla.gov.uk/medical/ata glance) and the appendix to that chapter (INF188/2).

#### 3. Eyesight

The law requires that a licence holder or applicant must be able to meet the prescribed eyesight requirements, i.e. to read in good daylight (with the aid of glasses or contact lenses if worn) a registration mark fixed to a motor vehicle and containing letters and figures 79 millimetres high and 50 millimetres wide (i.e. post 1-9-2001 font) at a

distance of 20 metres, or at a distance of 20.5 metres where the characters are 79 millimetres high and 57 millimetres wide (i.e. pre 1-9-2001 font).

In addition for group 2 entitlement drivers must have a visual acuity, using corrective lenses if necessary, of at least Snellen 6/7.5 (Snellen decimal 0.8) in the better eye and at least Snellen 6/60 (Snellen decimal 0.1) in the other eye. Where glasses are worn to meet the minimum standards, they should have a corrective power  $\leq +8$  dioptres in any meridian of either lens. It is also necessary for all drivers of Group 2 vehicles to be able to meet the prescribed Group 1 visual acuity requirements.

Normal binocular field of vision is required i.e. Any area of defect in a single eye is totally compensated for by the field of the other eye. Complete loss of vision in one eye or corrected acuity of less than 3/60 in one eye would mean the applicant is barred from holding a Group 2 licence.

Grandfather rights apply in some instances regarding the above. To obtain further information on DVLA Group 2 medical standards of fitness to drive, please refer to the DVLA's publication 'At a Glance Guide to the Current Medical Standards of Fitness to Drive' at [www.dvla.gov.uk/medical/ata glance](http://www.dvla.gov.uk/medical/ata glance) or 0870 600 0301.

**An applicant (or existing licence holder) failing to meet epilepsy, diabetes or eyesight regulations must be refused by law.**

#### 4. Other Medical Conditions

In addition to those medical conditions covered by law, applicants (or licence holders) are likely to be refused if they are unable to meet the recommended medical guidelines in the following situations:

- Within 6 weeks of: myocardial infarction, an episode of unstable angina, CABG or coronary angioplasty.
- Angina, heart failure or cardiac arrhythmia which remain uncontrolled.
- Implanted cardiac defibrillator.
- Hypertension where the blood pressure is persistently 180 systolic or more and/or 100 diastolic or more.
- A stroke or TIA within the last 12 months.
- Unexplained loss of consciousness with liability to recurrence.
- Meniere's, or any other sudden and disabling vertigo within the past 1 year, with a liability to recurrence.
- Insurmountable difficulty in communicating by telephone in an emergency.
- Major brain surgery and/or recent severe head injury with serious continuing after effects.
- Parkinson's disease, multiple sclerosis or other chronic neurological disorders with symptoms likely to affect safe driving.
- Psychotic illness, within the past 3 years.
- Serious psychiatric illness.
- If major psychotropic or neuroleptic medication is being taken.
- Alcohol and/or drug misuse within the past 1 year or alcohol and/or drug dependency in the past 3 years.
- Dementia.
- Any malignant condition, within the last 2 years, with a significant liability to metastasise (spread) to the brain.
- Any other serious medical condition likely to affect the safe driving of a medium/large goods or passenger carrying vehicle.

#### 5. Tiredness: Sleep Disorders

Up to one fifth of accidents on motorways and other monotonous roads may be caused by drivers falling asleep at the wheel.

Many accidents are attributed to "driver inattention" but once vehicle faults, traffic offences, poor road or weather conditions, alcohol and specific medical causes are excluded, closer inspection suggests driver sleepiness may be the cause. Evidence for this includes the apparent failure to respond to traffic and road conditions generally and, in particular, the absence of signs of emergency braking.

Driver sleepiness may be caused by modern life styles preventing adequate rest. It may be made worse by shift working combined with the monotonous nature of certain types of driving. Alertness fluctuates naturally throughout the day. Driving between 2am and 7am increases the risk of a sleep related accident. Most people also tend to be less alert during the mid-afternoon or after a heavy meal. All drivers need to address these problems responsibly.

However, some medical conditions may cause excessive sleepiness. These will greatly increase any normal tendency to sleepiness.

The most common medical cause is **OBSTRUCTIVE SLEEP APNOEA SYNDROME (OSA)**. This condition occurs most commonly, but not exclusively, in overweight individuals, particularly those with a large neck size. Partners often complain about the snoring and notice that sufferers seem to have irregular breathing during sleep. Sufferers of OSA rarely wake from sleep feeling fully refreshed and tend to fall asleep easily when relaxing.

**OSA is one of the few medical conditions that has been shown to increase significantly the risk of traffic accidents.** However, once diagnosed, there is very effective treatment available, normally through specialist centres. The greatest danger is prior to diagnosis, when the significance of the symptoms is not appreciated. A road traffic accident may be the first clear indication of the condition. All drivers, especially professional drivers, and doctors need to be much more aware of the risks of sleepiness from this treatable cause.

To obtain further information on DVLA Group 2 medical standards of fitness to drive, please refer to the DVLA's publication 'At a Glance Guide to the Current Medical Standards of Fitness to Drive' at [www.dvla.gov.uk/medical/ata glance](http://www.dvla.gov.uk/medical/ata glance) or 0870 600 0301.

# MEDICAL EXAMINATION REPORT

## Guidance Notes for the Doctor for completing the report

Before completing this form, please read information and useful notes (pages 2 and 3).

It may be helpful to consult DVLA's 'At A Glance Guide' (to the Current Medical Standards of Fitness to Drive). This is available for download at [www.dvla.gov.uk/medical/ata glance](http://www.dvla.gov.uk/medical/ata glance).

Doctors may enquire in writing, or may speak to one of the medical advisers during office hours, to seek advice about a particular driver or about fitness to drive in general. After hours there is an answer phone.

Further help may be obtained by telephoning 01792 761119 (medical professionals only) and asking to speak to one of the Medical Advisers. Alternatively, enquiries can also be sent to [medadviser@dvla.gsi.gov.uk](mailto:medadviser@dvla.gsi.gov.uk), or to:

The Medical Adviser  
Drivers Medical Group  
DVLA  
Longview Road  
Morrison  
SWANSEA SA99 1TU

DVLA will need to know the applicant's full name, address and date of birth.

Applicants who may be symptom-free at the time of the examination should be advised that if, in the future, they develop symptoms of a conditions which could affect safe driving they must inform the Licensing Department at Basingstoke and Deane Borough Council.

It is the duty of the licence holder or licence applicant to notify DVLA of any medical condition which may affect safe driving. If there are circumstances where the licence holder cannot, or will not, do so, the General Medical Council has issued clear guidelines to Doctors as to the appropriate action. The guidance is reproduced on Page 4 of the 'At A Glance' guide.

- The Medical Examination Report should be completed with reference to the applicant's medical history.
- Please answer **all** questions
- Please undertake a full examination of the patient. **This should include urine screening for Glucose.**
- Please make sure that you have printed the applicant's name and date of birth on each page before submitting this form



**MEDICAL EXAMINATION REPORT**

To be completed by the Doctor (please use black ink)

- Please answer all questions

Please give patient's weight and height

weight  (kg/st) height  (cms/ft)

Please give details of smoking habits, if any

Please give number of alcohol units taken each week

Is the urine sample positive for Glucose?

Yes  No  (please tick appropriate box)

Details of specialist (s)/consultants, including address

1	2	3

Speciality

Date last seen

Current medication including exact dosage and reason for each treatment

Date when first licensed to drive a car

and/or taxi/private hire vehicle

Applicant's name

DOB



# Medical Examination Report for a Group 2 Licence

**Do not complete the vision assessment until you have read the following**

## Important information for doctors

Please read and follow the information below before deciding if you are able to **fully and accurately** fill in the vision assessment. **If you are unable to do this, you must tell the applicant that they will need to ask an optician or optometrist to fill it in.**

**We will make a licensing decision based on the information you provide.**

## What you need to assess

**If glasses (not contact lenses) are worn for driving, you MUST be able to establish the dioptre measurement of the correction used. If the correction is greater than +8 dioptres in any meridian of either lens, we may not be able to issue a Group 2 licence.**

**Applicants for Group 2 entitlements must have, as measured by the 6 metre Snellen chart:**

- a visual acuity of at least **6/7.5** (decimal Snellen equivalent 0.8) in the better eye
- a visual acuity of at least **6/60** (decimal Snellen equivalent 0.1) in the other eye
- this may be achieved with or without glasses or contact lenses
- we cannot accept a Snellen reading shown with a plus (+) or minus (-) eg 6/6-2 or 6/9+3
- 3 metre readings must be converted to the 6 metre equivalent

**Note:** Drivers first licensed to drive Group 2 vehicles before 31 December 1996 who cannot meet the above standards may still be considered by DVLA on an individual basis. Please see leaflet INF4D (Medical examination report) for further information.

## Before you fill in this report please:

- check the applicant's identity
- read the information leaflet INF4D (Medical examination report). This can be viewed in PDF format at [www.gov.uk/reapply-driving-licence-medical-condition](http://www.gov.uk/reapply-driving-licence-medical-condition)

The applicant is responsible for any fee payable for completion of the assessment. DVLA will not be liable for any costs involved.

Please note that if you complete the vision assessment as well as the medical assessment, you must sign and date **both** parts of the form.

Applicant's name

DOB

# MEDICAL EXAMINATION REPORT

## Vision assessment

To be filled in by a doctor or optician/optometrist  
You MUST read the guidance notes on page 2 before completing this report

### Vision (please see Eyesight notes on page 2)

If correction is needed to meet the eyesight standard for driving, ALL questions must be answered. If correction is NOT needed, questions 5 and 6 can be ignored.

1. Please confirm (✓) the scale you are using to express the driver's visual acuities.

Snellen  Snellen expressed as a decimal  LogMAR

2. Is the visual acuity at least 6/7.5 in the better eye and at least 6/60 in the other eye (corrective lenses may be worn to meet this standard) YES  NO

3. Were corrective lenses worn to meet this standard? YES  NO   
If Yes, glasses  contact lenses  both together

4. Please state the visual acuity of each eye. Please convert any 3 metre readings to the 6 metre equivalent.

#### Uncorrected

#### Corrected

(using the prescription worn for driving)

5. If glasses (not contact lenses) are worn for driving, is the corrective power greater than Plus (+)8 dioptres in any meridian of either lens? YES  NO

6. If correction is worn for driving, is it well tolerated? If No, please give full details in the Box provided. YES  NO

If you answer yes to any of the following, give details in the box provided.

7. Is there a history of any medical condition that may affect the applicant's binocular field of Vision (central and/or peripheral)? YES  NO

If formal visual field testing is considered necessary, DVLA will commission this at a Later date.

8. Is there diplopia? YES  NO   
(a) Is it controlled?

If yes, please give full details in the box provided.

9. Does the applicant on questioning, report symptoms of intolerance to glare and/or impaired Contrast sensitivity and/or impaired twilight vision? YES  NO

10. Does the applicant have any other ophthalmic condition? YES  NO

Applicant's name

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**Details/additional information**

**Date of eyesight examination if different to date of signature**

D	D
---	---

M	M
---	---

Y	Y
---	---

**Name of examining doctor/optician (print)**

**Signature of examining doctor/optician**

**Date of signature**

D	D
---	---

M	M
---	---

Y	Y
---	---

**Please provide your GOC, HPC or GMC number**

--	--	--	--	--	--	--	--	--	--

**Doctor/optometrist/optician's stamp**

**Applicant's name**

**DOB**

**1****Nervous System**

Questions 1-4 below **MUST** be answered.  
Please tick ✓ the appropriate box(es)

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Has the applicant had any form of seizure?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>NO</b> , please go to <b>question 2 below</b>   |                          |                          |
| (a) Has the applicant had more than one attack?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Please give date of first and last attack   |                          |                          |
| First attack  | <input type="text"/>     | <input type="text"/>     |
| Last attack   | <input type="text"/>     | <input type="text"/>     |
| (c) Is the applicant currently on anti-epileptic medication?<br>If <b>YES</b> , please complete current medication on page 5 of this form.  | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) If no longer treated, please give date when treatment ended.  |                          |                          |
| <input type="text"/>  | <input type="text"/>     | <input type="text"/>     |
| (e) Has the applicant had a brain scan?<br>If <b>YES</b> , please give details in <b>Section 6</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Has the applicant had an EEG?<br>If <b>YES</b> to any of above, please supply reports if available.   | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/>   |                          |                          |
| 2. Is there a history of blackout or impaired consciousness within the last 5 years?<br>If <b>YES</b> , please give date(s) and details in <b>Section 6</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/>   |                          |                          |
| 3. Does the applicant suffer from narcolepsy/cataplexy?<br>If <b>YES</b> , please give details in <b>Section 6</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/>   |                          |                          |
| 4. <b>Is there a history of, or evidence of, any of the conditions listed at a-h below?</b><br>If <b>NO</b> , go to <b>Section 2</b> .<br>If <b>YES</b> , please tick the relevant box(es) and give dates and full details at <b>Section 6</b> and supply relevant reports. | <b>YES</b>               | <b>NO</b>                |
| (a) Stroke/TIA<br>If <b>YES</b> , please give date  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/>  |                          |                          |
| Has there been a <b>full</b> recovery?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a carotid ultra sound been undertaken?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Sudden and disabling dizziness/vertigo within the last year with a liability to recur   | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Subarachnoid haemorrhage  | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Serious head injury within the last 10 years  | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Any form of brain tumour, either benign or malignant, primary or secondary  | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Other brain surgery or abnormality  | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Chronic neurological disorders  | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) Parkinson's disease   | <input type="checkbox"/> | <input type="checkbox"/> |

**2****Diabetes Mellitus**

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. <b>Does the applicant have diabetes mellitus?</b><br>If <b>NO</b> , please proceed to <b>Section 3</b> .<br>If <b>YES</b> , please answer the following questions. | <input type="checkbox"/> | <input type="checkbox"/> |

Applicant's name

DOB

2. Is the diabetes managed by:-
- (a) Insulin?    
 If **YES**, please give date started on insulin
- (b) If treated with insulin, are there at least 3 months of blood glucose readings stored on a memory meter(s)?    
 If **NO**, please give details in **Section 6**
- (c) Other injectable treatments?
- (d) A Sulphonylurea or a Glinide?
- (e) Oral hypoglycaemic agents and diet?    
 If **YES** to any of a-e, please complete current medication on the appropriate section on the front of this form
- (f) Diet only?

3. (a) Does the patient test blood glucose at least twice every day?
- (b) Does the applicant test at times relevant to driving?
- (c) Does the applicant keep fast acting carbohydrate within easy reach when driving?
- (d) Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving?

15. Is there any evidence of impaired awareness of hypoglycaemia?

16. Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person?

6. Is there evidence of:-
- (a) Loss of visual field?
- (b) Severe peripheral neuropathy, sufficient to impair limb function for safe driving?
- If **YES**, to any of 4-6 above, please give details in **Section 6**

7. Has there been laser treatment or intra-vitreous treatment for retinopathy?    
 If **YES**, please give date(s) of treatment

### 3 Psychiatric Illness

#### All questions must be answered

- Please enclose relevant hospital notes

Is there a history of, or evidence of, any of the conditions listed at 1-7 below?  **YES**  **NO**

If **NO**, please go to **Section 4**

If **YES**, please tick the relevant box(es) below and give date(s), prognosis, period of stability and details of medication, dosage and any side effects in **Section 6**.

**NB.** If applicant remains under specialist clinic(s) ensure details are completed at the top of page 1. **YES**

1. Significant psychiatric disorder within the past 6 months
2. Psychosis or hypomania/mania within the past 3 years, including psychotic depression
3. Dementia or cognitive impairment
4. Persistent alcohol misuse in the past 12 months
5. Alcohol dependency in the past 3 years

Applicant's name  **DOB**

- |    |  |                          |
|----|--|--------------------------|
| 6. | Persistent drug misuse in the past 12 months | <input type="checkbox"/> |
| 7. | Drug dependency in the past 3 years          | <input type="checkbox"/> |

If yes to ANY of questions 4-7, please state how long this has been controlled

Please give details of past consumption or name of drug(s) and frequency

**4 Cardiac**

Please follow the instructions in all Sections (4A-4G) giving details as required at Section 6 and enclose hospital notes relevant to this condition.

NB. If applicant remains under specialist cardiac clinic(s) ensure details are completed at the top of page 5 and Sections 4F and 4G.

**4A Coronary Artery Disease**

	<b>YES</b>	<b>NO</b>
<b>Is there a history of, or evidence of, coronary artery disease?</b>	<input type="checkbox"/>	<input type="checkbox"/>

If NO, proceed to Section 4B

If YES, please answer all questions below and give details at Section 6 of the form and enclose relevant hospital notes.

- |    |  |                          |                          |   |
|----|--|--------------------------|--------------------------|---|
| 1. | Has the applicant suffered from angina?<br>If YES, please give the date of the last known attack | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 2. | Acute coronary syndrome including myocardial infarction?<br>If YES, please give date(s)          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 3. | Coronary Angioplasty (PCI)?<br>If YES, please give date of most recent intervention              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 4. | Coronary artery by-pass graft surgery?<br>If YES, please give date(s)                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

**4B Cardiac Arrhythmia**

	<b>YES</b>	<b>NO</b>
<b>Is there a history of, or evidence of, cardiac arrhythmia?</b>	<input type="checkbox"/>	<input type="checkbox"/>

If NO, proceed to Section 4C

If YES, please answer all questions below and give details at Section 6 of the form.

- |    |   |                          |                          |
|----|---|--------------------------|--------------------------|
| 1. | Has there been a significant disturbance of cardiac rhythm? I.e Sinoatrial disease, Significant atrial-ventricular conduction defect, atrial flutter/fibrillation, narrow or broad Complex tachycardia in the last 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Has the arrhythmia been controlled satisfactorily for at least 3 months?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Has an ICD or biventricular pacemaker (CRT-D type) been implanted?  | <input type="checkbox"/> | <input type="checkbox"/> |

Applicant's name

DOB

4. Has a pacemaker been implanted?  YES  NO
- If YES:-
- (a) Please supply date of implantation
- (b) Is the applicant free of symptoms that caused the device to be fitted?  YES  NO
- (c) Does the applicant attend a pacemaker clinic regularly?  YES  NO

#### 4C Peripheral Arterial Disease

Is there a history of or evidence of **ANY** of the following:  YES  NO

If **NO**, go to **Section 4d**

If **YES**, please answer all questions below and give details in **Section 6**.

1. Peripheral arterial disease (excluding Buerger's disease)  YES  NO

2. Does the applicant have claudication?  YES  NO
- If **YES**, how long in minutes can the applicant walk at a brisk pace before being symptom-limited?

Please give details

3. Aortic aneurysm  YES  NO

If **YES**:

- (a) Site of Aneurysm: Thoracic  Abdominal
- (b) Has it been repaired successfully?  YES  NO
- (c) Is the transverse diameter **currently** >5.5cm?  YES  NO

If **NO**, please provide latest measurement and date obtained:

4. Dissection of the aorta repaired successfully  YES  NO

If **YES**, please provide copies of all reports to include those dealing with any surgical treatment.

5. Is there a history of Marfan's disease?  YES  NO

If YES, provide relevant hospital notes

#### 4D Valvular/Congenital Heart Disease

Is there a history of, or evidence, of valvular/congenital heart disease?  YES  NO

If **NO**, proceed to **Section 4E**

If **YES**, please answer all questions below and give details at **Section 6** of the form.

1. Is there a history of congenital heart disorder?  YES  NO

2. Is there a history of heart valve disease?  YES  NO

3. Is there a history of Aortic stenosis?  YES  NO

If **YES**, please provide relevant reports

Applicant's name

DOB

- 
4. Is there any history of embolism? (**not** pulmonary embolism)
- 
5. Does the applicant currently have significant symptoms?
- 
6. Has there been any progression since the last licence application? (if relevant)
- 

**4E Cardiac other**

Does the applicant have a history of ANY of the following conditions:

YES  NO

If **NO**, go to **Section 4f**

If **YES**, please answer **ALL** questions and give details in **Section 6**

- (a) A history of, or evidence of heart failure?
- (b) Established cardiomyopathy?
- (c) Has a left ventricular assist device (LVAD) been implanted?
- (d) A heart or heart/lung transplant?
- (e) Untreated atrial myxoma?

**4F Cardiac Investigations**

All questions must be answered

1. Has a resting ECG been undertaken?
- If **YES**, does it show:-
- (a) pathological Q waves?
- (b) left bundle branch block?
- (c) right bundle branch block?
- If yes to a, b or c, please provide a copy of the relevant ECG report or comment at **Section 6***
- 
2. Has an exercise ECG been undertaken (or planned)?
- If **YES**, please give date  and give details in **Section 6**
- Sight/copy of the exercise test result/report (if done in the last 3 years) would be useful*
- 
3. Has an echocardiogram been undertaken (or planned)?
- (a) If **YES**, please give date  and give details in **Section 6**
- (b) If undertaken, is/was the left ejection fraction greater than or equal to 40%
- Sight/copy of the echocardiogram result/report would be useful*
- 
4. Has a coronary angiogram been undertaken (or planned)?
- If **YES**, please give date  and give details in **Section 6**
- Sight/copy of the angiogram result/report would be useful*
- 
5. Has a 24 hour ECG tape been undertaken (or planned)?
- If **YES**, please give date  and give details in **Section 6**
- Sight/copy of the 24 hour tape result/report would be useful*
- 
6. Has a myocardial perfusion scan or stress echo study been undertaken (or planned)?
- If **YES**, please give date  and give details in **Section 6**
- Sight/copy of the scan result/report would be useful*



Applicant's name

DOB

4G

## Blood Pressure

1. Please record today's blood pressure reading?

2. Is the applicant on anti-hypertensive treatment?

YES NO

If YES, provide three previous readings with dates if available

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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5

## General

Please answer all questions in this section. If your answer is 'YES' to any of the questions, please give full details in Section 6.

### 1. MUSCULOSKELETAL SYSTEM

Normally the Licensing Authority requires full functioning of spine and all 4 limbs for the granting of a licence.

a) Has the applicant a significant disability of the spine which is likely to interfere with the efficient discharge of his/her duties as a vocational driver.

YES

NO

b) Has the applicant any deformity, loss of limbs or parts of limbs, or physical disability (with special attention paid to the condition of the arms, legs, hands and joints) which is likely to interfere with the efficient discharge of his/her duties as a vocational driver?

2. Is there currently any functional impairment that is likely to affect control of the vehicle?

3. Is there a history of bronchogenic carcinoma or other malignant tumour with a significant liability to metastasise cerebrally?

4. Is there any illness that may cause significant fatigue or cachexia that affects safe driving?

5. Is the applicant profoundly deaf?

If YES, is the applicant able to communicate in the event of an emergency by speech or by using a device, eg a text phone?

6. Does the applicant have a history of liver disease of any origin?

If YES, please give details in Section 6

7. Is there a history of renal failure?

If YES, please give details in Section 6

Applicant's name

DOB

8. Is there a history of, or evidence of, obstructive sleep apnoea syndrome or any other medical condition causing excessive day time sleepiness?

If YES, please give diagnosis:

Please give:

(a) Date of diagnosis

(b) Is it controlled successfully?

(c) If YES, please state treatment

(d) Please state period of control

(e) Date last seen by consultant

9. Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia?

10. Does any medication currently taken cause the applicant side effects that would affect safe driving?    
If YES, please provide details of medication and symptoms in **Section 6**

11. Does the applicant have an ophthalmic condition?    
If YES, please provide details in **Section 6**

12. Does the applicant have any other medical condition that could affect safe driving?    
If YES, please provide details in **Section 6**

**6 Further Details**

Please use the space below to provide further details required with reference to any of the previously answered questions.

**Please forward copies of all relevant hospital notes if available.**


Applicant's name

DOB

**7 Consultants' details**

Details of type of specialist(s)/consultants, including address:

<b>Consultant in:</b>
<b>Name:</b>
<b>Address:</b>

Date of last appointment:

<b>Consultant in:</b>
<b>Name:</b>
<b>Address:</b>

Date of last appointment:

<b>Consultant in:</b>
<b>Name:</b>
<b>Address:</b>

Date of last appointment:

**8 Medication**

Please provide details of all current medication (continue on a separate sheet if necessary)

Medication	Dosage
<b>Reason for taking:</b>	

Medication	Dosage
<b>Reason for taking:</b>	

Applicant's name

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

**9 Additional information**

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Patient's weight (kg)	<input type="text"/>
Height (cms)	<input type="text"/>
Details of smoking habits, if any	<input type="text"/>
Number of alcohol units taken each week	<input type="text"/>

Applicant's name

## Examining Doctor's details

To be filled in by doctor carrying out the examination

Please ensure all sections of the form have been completed.  
Failure to do so will result in the form being rejected.

10

**Doctor's details** (please print name and address in capital letters)

<b>Name:</b>
<b>Address:</b>
<b>Telephone:</b>
<b>Email address:</b>
<b>Fax Number:</b>

### Surgery stamp

--

I confirm that this report was completed at examination and that I am currently GMC registered and licensed to practice medicine within the EU, if the report was completed outside of the UK.

I hereby certify that I have today examined the above named applicant and that:

- the applicant is registered at this medical practice
- the applicants medical notes were consulted whilst I carried out the medical examination
- to the best of my knowledge and belief, the answers to the foregoing questions are true and correct.

GMC Registration Number

--	--	--	--	--	--	--	--	--	--

Signature of Medical Practitioner

--

Date of examination:

--	--	--	--	--	--

If you have filled in both the vision and medical assessments, both sections must be signed and dated.

Applicant's name

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## Applicant's details

To be filled in in the presence of the doctor 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.

11

### Your details

<b>Your full name:</b>
<b>Your address:</b>
<b>Email address:</b>

Date of birth:

--	--	--	--	--	--

Home phone number:

--

Work/daytime number:

--

Date when first licensed to drive a lorry

--	--	--	--	--	--

and/or bus

--	--	--	--	--	--

### About your doctor/group practice

<b>Doctor/group name:</b>
<b>Address:</b>
<b>Telephone:</b>
<b>Email address:</b>
<b>Fax Number:</b>

**FAILURE TO ANSWER ALL QUESTIONS WILL RESULT IN AN ADDITIONAL FEE BEING CHARGED TO THE APPLICANT FOR A REPEAT CHECK BY THE COUNCIL'S MEDICAL ADVISOR. PLEASE CHECK THE FORM BEFORE SENDING IT TO THE LICENSING TEAM.**

Applicant's name

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