Equality Act 2010

Application for EXEMPTION from carrying Assistance Dogs in a Hackney Carriage or Private Hire Vehicle

Part 1 - To be completed by the applicant.

Family / Surname	
First Names	
Date of Birth	
Contact Tel. Nos.	
Email	
PH/HC Badge Number	
Current Residential Address	Postcode:

Basingstoke and Deane Borough Council and Hart District Council Shared Licensing Services
Civic Offices, London Road, Basingstoke, Hampshire, RG21 4AH
Tel: 01256 844 844 Email: licensing@basingstoke.gov.uk or HartLicensing@Basingstoke.gov.uk
www.basingstoke.gov.uk www.hart.gov.uk

Basingstoke and Deane Hart DISTRICT COUNCIL
working together

Part 2 - To be completed by a Medical Practitioner.

Name of Medical Practitioner				
Address of registered surgery	Postcode:			
Contact Tel. Nos.				
Email				
I confirm the patient is registered at the medical practice detailed above and that I have had access to their medical records when completing this medical declaration.	Yes		No	
Information on any condition, diagnosis or ongoing investigation	(you must attach copies of all relevant medical reports or evidence to support the request for exemption such as clinical history, ongoing investigations, or formal diagnosis)			

Please confirm if, in your medical opinion, an exemption from carrying assistance dogs should be granted.	Yes		No	
Please confirm if, in your medical opinion, any exemption should be time-limited, and for what period.				

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Doctor and Practice Details

Printed Name of Medical Practitioner	Surgery Stamp
Signature of Medical Practitioner	
Date	

Part 3 - To be completed by the applicant.

I authorise my Doctor(s) and Specialist(s) to release report/medical information about my condition, relevant to my fitness to drive, to Basingstoke and Deane Borough Council/Hart District Council in conjunction with my application for exemption and during the period that a licence (if granted) is in force.

I authorise Basingstoke and Deane Borough Council/Hart District Council to disclose such relevant information as may be necessary to the investigation of my application for exemption, and during the period that a licence (if granted) is in force to doctors, paramedical staff, and to inform my doctor(s) of the outcome of the case where appropriate.

I understand that Basingstoke and Deane Borough Council/Hart District Council may require me to undergo further medical tests at my expense now or at any point in the future, if a licence is granted, in order to establish my need for exemption.

I declare that I have checked the details I have given on this application and that, to the best of my knowledge and belief, they are correct.

Signed..... **Print Name**……

Date.....