



New Hackney Carriage/ Private Hire Driver Application

Local Government (Miscellaneous Provisions) Act 1976

Application for grant of a licence to drive a hackney carriage and/or private hire vehicle

Before completing this form please read the guidance notes at the end of the form.

| A. Your details | |
|---|--|
| Full name(s) | |
| Address | |
| Postcode | |
| Telephone no. | |
| Mobile no. | |
| Email addresss (must be provided) | |
| Are you entitled to work in the United Kingdom? | <input type="checkbox"/> Yes You will need to provide evidence of this entitlement to work. <input type="checkbox"/> No |
| How long have you been a resident of the UK | <input type="checkbox"/> From Birth Or Date: If you have 5 years or less residence you are required to provide a Certificate of Good Conduct |

| B. Type of licence | |
|--|--|
| 1. I wish to apply for a licence to drive: | <input type="checkbox"/> Hackney carriage <input type="checkbox"/> Private hire vehicle |
| 2. Hackney Driver - State employers name, radio circuit or 'self employed': | |

B. Type of licence (continued)

| | |
|--|---|
| 3. Private Hire Driver - State Operators Name | |
| 4. Have you ever applied for, or held a hackney carriage or private hire vehicle drivers' licence before? | <input type="checkbox"/> Yes - go to B5 <input type="checkbox"/> No - go to B7 |
| 5. If you have previously applied for a hackney carriage / private hire vehicle drivers' licence, was the application rejected? | <input type="checkbox"/> Yes - please explain why in B10 <input type="checkbox"/> No - go to B6 |
| 6. Have you ever had a hackney carriage or private hire vehicle drivers' licence suspended or revoked or allowed to lapse? | <input type="checkbox"/> Yes - please explain why in B10 – if lapsed, give the date it lapsed <input type="checkbox"/> No - go to B7 |
| 7. Driving Licence number: | |
| 8. Date of Licence expiry: | |
| 9. National Insurance Number: | |
| 10. Please use this section to provide information about your answers in B5 or B6. If there is insufficient space, please use a separate sheet. | |
| | |

The following documents are required, completed and signed where necessary.

Please tick where appropriate

| C. Documents to enclose | Enclosed? | Official use only |
|---|------------------|--------------------------|
| 1. My current UK driving licence and counterpart if applicable, or; my EU driving licence and DVLA counterpart | | |
| 2. Evidence of right to licence/work in UK | | |
| 3. Disclosure & Barring Service Certificate and evidence of subscription to DBS update service | | |
| 4. Certificate of Good Conduct if UK residency is 5 years or less | | |
| 5. Declaration of criminal offences, cautions, fixed penalties and pending investigations | | |
| 6. Medical Report Form (completed & signed by a registered GP and me) (required every three years or annually after the age of 65) | | |
| 7. KYP Mandate to check DVLA licence (required every three years) | | |
| 8. Passport style colour photograph of me which has been taken in past three months | | |
| 9. Taxi Driving Test pass certificate (plus Wheelchair test if applicable) | | |
| 10. Pass certificate 'Local Knowledge Test' | | |
| 11. Pass certificate 'Disability Awareness Training' | | |
| 12. Pass certificate 'Safeguarding Training' | | |
| 13. The licence fee (Receipt number:) | | |

I hereby apply for the grant of the licence(s) specified in B1.

I understand that if I knowingly or recklessly make a false statement, or omit any material particulars in giving the above information I may be liable to prosecution under Section 57 of the Local Government (Miscellaneous Provisions) Act 1976.

I confirm that I have read and understood the guidance regarding my tax responsibilities detailed at <https://www.gov.uk/guidance/confirm-your-tax-responsibilities-when-applying-for-a-taxi-private-hire-or-scrap-metal-licence>

DATA PROTECTION PRIVACY NOTICE:

Regulatory Services of Carlisle City Council are committed to ensuring that your information is used appropriately. We will use your information for the purpose of providing you with a service.

The full **Privacy Notice** which explains how your information is handled can be viewed at:

<https://www.carlisle.gov.uk/Privacy-Statement>

We will take appropriate steps to ensure your information is secure, and we will only make it available to those who have a right to see it. Subject to the details contained within the **Privacy Notice** you have the right to withdraw consent at any time and you also have the right to access the information we hold about you. You can request this, seek further information or guidance, or make a complaint by **writing to the Data Protection Officer**: Civic Centre, Carlisle, Cumbria, CA3 8QG or emailing: **dataprotection@carlisle.gov.uk**

I have read and understand the requirements that are outlined above.

| |
|----------------|
| Signed: |
| Date: |

Conditions of Application

Hackney Carriage & Private Hire Drivers' Licences

Before the council may grant a licence to drive a Hackney Carriage or a Private Hire vehicle, the applicant must comply with the following:

1. The applicant must satisfy that he/she is a fit and proper person to hold a licence.
2. Complete and submit to the council, an application on the forms prescribed by the council.
3. Pay the council the prescribed fee for a drivers' licence.
4. Satisfy the council that s/he is medically fit to drive a hackney carriage or a private hire vehicle.
All drivers are required to submit a medical report upon application for the grant or renewal of a licence. Drivers aged 65 years or over will be required to submit a medical report annually. For this purpose, the applicant shall produce medical report on the form prescribed by the council. The report must be completed and signed a registered practitioner with access to the applicants summary medial history. Whether or not such a report has been produced, the applicant shall, if required by the council, undergo a medical examination by a registered medical practitioner, to be selected by the council.
5. Satisfy the council that s/he has held for at least 12 months prior to and is, at the date of the application, the holder of a driving licence (not being a provisional licence) granted to the applicant under the Road Traffic Act 1988 or the corresponding provisions of any later enactment authorising the applicant to drive a motor car.
6. Satisfy the council that the applicant has achieved the requires standard of driving by producing a certificate that was issued an approved provider to the applicant.
7. Satisfy the council that the applicant has passed the local knowledge test that is set by the council.
8. The applicant must provide one passport type photograph taken within the last three months.
9. The applicant is required to make a declaration of any convictions (including motoring) or Police cautions he/she may have. Any such information provided by the applicant will be treated in confidence and will only be taken into consideration in relation to the application.
10. Applicants should be aware that the Licensing Authority is empowered in law to carry out enquiries for the existence and content of any criminal record held in the name of the applicant. This information, entitled 'Disclosure' is provided by way of application being made to the Disclosure and Barring Service (DBS), an executive agency of the Home Office.
11. The applicant is required on application for the grant of a hackney carriage or private hire drivers' licence to sign a disclosure mandate authorising the council to request from KYP their DVLA driver record information. The signed mandate also authorises the DVLA to disclose to the council all relevant information relating to the applicants driver record from the computerised register of drivers maintained by DVLA. This includes the applicant's personal details, driving entitlements, endorsement details, disqualifications, convictions, photo images and CPC (where appropriate). During the course of the licence the checks will take place automatically on an annual basis.
12. The disclosure of a criminal record or other information will not necessarily debar an applicant from gaining a licence unless the council considers that the conviction(s) render him/her unsuitable. In making this decision, the council will consider the nature of the offence; how long ago it was committed and any other factors that may be relevant. Any applicant refused a drivers' licence on the grounds that he/she is not a fit and proper person to hold such a licence has a right of appeal to the Magistrates' Court.
13. The council has adopted guidelines relating to the relevance of convictions or Police cautions for use in determining applications for a Hackney Carriage or a Private Hire Drivers' licence. A copy of these guidelines is enclosed together with the application forms. If you would like to discuss what effect a conviction or a Police caution might have on your application, please contact the Licensing Team, telephone number **01228 817523** for confidential advice.
14. The applicant **MUST** produce their DBS disclosure certificate to the council before a decision is made whether to grant the application for a licence.
15. The applicant **MUST** confirm that they have read and understood the guidance provided by the HMRC regarding their tax responsibilities.

**Convictions, Cautions and Pending Prosecutions Details
(Including Motoring and Criminal)**

| Date of conviction/ caution/Pending hearing | Offence | Court | Sentence |
|--|----------------|--------------|-----------------|
| | | | |

I understand that any information about convictions and Police cautions provided in this application or during the currency of the licence to which this application relates, may be disclosed to a meeting of the Council's Regulatory Panel, and I consent to such disclosure.

I understand that if I knowingly or recklessly make a false statement or omit any material particulars in giving the above information, I may be liable to prosecution under Section 57 of the Local Government (Miscellaneous Provisions) Act 1976.

| |
|----------------|
| Signed: |
| Date: |

Medical Examination Report for Hackney Carriage and Private Hire drivers

Group II Medical Examination Report Form

Information notes

It is a requirement under Section 57 of the Local Government (Miscellaneous Provisions) Act 1976 to provide a Medical Examination Report to the effect that you are physically fit to drive a Public, Private Hire or Contract vehicle.

You are required provide a Medical Examination Report to the effect that you are physically fit to hold a Hackney Carriage / Private Hire Driver Licence and is for the confidential use of the Licensing Authority.

This form is to be completed by the applicant's own General Practitioner (GP) or another GP who can confirm they have had access to the applicant's summary medical records.

You are required to complete a further Group II Medical Report Form for every Driving Licence renewal (every 3 years) until the age of 65. From the age of 65 or if you have a particular medical condition (eg diabetes treated by insulin), a Group II Medical Report Form is required annually.

Any fees charged are payable by the applicant.

- **please use this form to record medical examination details**

Licensing Officers are not permitted to complete or amend forms on behalf of applicants.

Note:

Any existing licensed private hire/hackney carriage driver must immediately inform the Council in writing of any deterioration in health or of any injury that would affect his/her ability to drive. (This is in addition to the requirement of Section 94 of the Road Traffic Act 1988 requiring any driver to notify the Secretary of State of any relevant disability).

Guidance notes

What you have to do:

1. Before consulting your GP you may find it helpful to consult the DVLA's "At a Glance" booklet. This is available for download here: www.gov.uk/government/publications/at-a-glance
2. If, after reading the notes, you have any doubts about your ability to meet the medical or eyesight standards, consult your GP/Optician before you arrange for this medical form to be completed as your GP will normally charge you for completing it. In the event of your application being refused, the fee you pay your GP is not refundable. Carlisle City Council has no responsibility for medical fees.
3. Fill in Section 10 of this report in the presence of the GP carrying out the examination.
4. Application forms must be submitted together with the Group II Medical Report Form otherwise there may be delays in processing your application.

What the GP has to do:

1. Please arrange for the patient to be seen and examined having access to, and regard for, their medical records.
2. Please complete Sections I-9 and II of this report. Please ensure the applicant completes Section 10 in your presence. You may find it helpful to consult the DVLA's "At a Glance" booklet. This is available for download here: www.gov.uk/government/publications/at-a-glance
3. Applicants who may be asymptomatic at the time of the examination are to be advised that, if in future they develop symptoms of a condition which could affect safe driving and they hold either a Hackney Carriage and/or Private Hire driver licence they must immediately inform the Licensing Team at Carlisle City Council. Please record any advice given at Section 6.
4. Please ensure that you have completed all Sections within this form. If this report does not bring out important clinical details which may affect the applicant's fitness to drive, please give details in Section 6.

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 (hackney or private hire) 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 (-) e.g. 6/6-2 or 6/9+3
- 3 metre readings must be converted to the 6 metre equivalent

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

The applicant is responsible for any fee payable for completion of the assessment. Carlisle City Council 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.

10. Applicant's consent and declaration

Consent and Declaration

This section **MUST** be completed and must **NOT** be altered in any way.

Please read the following important information carefully then sign the statements below.

Important information about Consent

I accept that as part of the investigation into my fitness to drive, Carlisle City Council may require me to undergo further medical examination or some form of practical assessment. In these circumstances, those personnel involved will require my background medical details to undertake an appropriate and adequate assessment. Such personnel might include doctors, specialist consultants, orthoptists at eye clinics or paramedical staff at a driving assessment centre.

Only information relevant to the assessment of my fitness to drive will be released. In addition, where the circumstances of my case appear exceptional, the relevant medical information may need to be further considered, where such further examination / consideration attracts a cost this will be met by me the applicant, (you will be advised of any further costs as appropriate to determine your application) and where matters of a medical nature exist the application may then be determined by the Councils Licensing Regulatory Committee. (The HC/PH Driver licensing process is managed to strict principles of confidentiality, where applications are to be determined by the Councils Licensing Regulatory Sub-Committee such meetings are held to the exclusion of the press and public).

I authorise my Doctor(s) and Specialist(s) to release report/medical information about my condition, relevant to my fitness to drive, to Carlisle City Council's medical adviser.

I authorise Carlisle City Council to disclose such relevant medical information as may be necessary to the investigation of my fitness to hold a HC/PH Drivers Licence, to doctors, paramedical, DVLA and to inform my doctor(s) of the outcome of the case where appropriate.

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

During the period of application and any period when holding a private hire/hackney carriage driver licence, I will immediately inform Carlisle City Council in writing of any deterioration in health or of any injury or condition that would affect my ability to drive. (This is in addition to the requirement of Section 94 of the Road Traffic Act 1988 requiring any driver to notify the Secretary of State of any relevant disability.)

I understand that it is a criminal offence if I make a false declaration to obtain a private hire / hackney carriage driving licence and can lead to prosecution.

Signed:

Date:



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

Snellen Snellen expressed as a decimal LogMAR

2. The visual acuity standard for Group 2 driving is at least 6/7.5 in one eye and at least 6/60 in the other.

(a) Please provide uncorrected visual acuities for each eye. Snellen readings with a plus (+) or minus (-) are not acceptable. If 6/7.5, 6/60 standard is not met, the applicant may need further assessment by an optician.

R L Yes No

(b) Are corrective lenses worn for driving? Yes No

If No, go to Q3.

If Yes, please provide the visual acuities using the correction worn for driving. Snellen readings with a plus (+) or minus (-) are not acceptable. If 6/7.5, 6/60 standard is not met, the applicant may need further assessment by an optician.

R L

(c) What kind of corrective lenses are worn to meet this standard?

Glasses Contact lenses Both together

(d) If glasses are worn for driving, is the corrective power greater than plus (+)8 dioptres in any meridian of either lens? Yes No

(e) If correction is worn for driving, is it well tolerated? Yes No

If No, please give full details in Q7.

3. 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 Yes, please give full details below.

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

4. Is there diplopia? Yes No

(a) Is it controlled? Yes No

Please indicate below and give full details in Q7.

Patch or glasses with frosted glass Glasses with/without prism Other (if other please provide details)

5. Does the applicant report symptoms of any of the following that impairs their ability to drive? Yes No

Please indicate below and give full details in Q7 below.

- (a) Intolerance to glare (causing incapacity rather than discomfort) and/or
- (b) Impaired contrast sensitivity and/or
- (c) Impaired twilight vision

6. Does the applicant have any other ophthalmic condition affecting their visual acuity or visual field? Yes No

If Yes, please give full details in Q7 below.

7. Details or additional information

Name of examining doctor or optician undertaking vision assessment

I confirm that this report was filled in by me at examination and the applicant's history has been taken into consideration.

Signature of examining doctor or optician

Date of signature

Please provide your GOC or GMC number

Doctor, optometrist or optician's stamp

Applicant's full name

Date of birth

Please do not detach this page



1 Neurological disorders

Please tick ✓ the appropriate boxes
Is there a history or evidence of any neurological disorder (see conditions in questions 1 to 11 below)? Yes No

If No, go to section 2, Diabetes mellitus
If Yes, please answer all questions below and enclose relevant hospital notes.

1. Has the applicant had any form of seizure? Yes No
- (a) Has the applicant had more than one seizure episode? Yes No
- (b) If Yes, please give date of first and last episode.
- First episode
- Last episode
- (c) Is the applicant currently on anti-epileptic medication? Yes No
If Yes, please fill in the medication section 8, page 6.
- (d) If no longer treated, when did treatment end?
- (e) Has the applicant had a brain scan? Yes No
If Yes, please give details in section 9, page 7.
- (f) Has the applicant had an EEG? Yes No
If you have answered Yes to any of above, you must supply medical reports.
2. Has the applicant experienced dissociative/'non-epileptic' seizures? Yes No
- (a) If Yes, please give date of most recent episode.
- (b) If Yes, have any of these episode(s) occurred or are they considered likely to occur whilst driving? Yes No
3. Stroke or TIA? Yes No
If Yes, give date.
- (a) Has there been a full recovery? Yes No
- (b) Has a carotid ultrasound been undertaken? Yes No
- (c) If Yes, was the carotid artery stenosis >50% in either carotid artery? Yes No
- (d) Is there a history of multiple strokes/TIAs? Yes No
4. Sudden and disabling dizziness or vertigo within the last year with a liability to recur? Yes No
5. Subarachnoid haemorrhage (non-traumatic)? Yes No
6. Significant head injury within the last 10 years? Yes No
7. Any form of brain tumour? Yes No
8. Other intracranial pathology? Yes No
9. Chronic neurological disorder(s)? Yes No
10. Parkinson's disease? Yes No
11. Blackout, impaired consciousness or loss of awareness within the last 10 years? Yes No

2 Diabetes mellitus

Does the applicant have diabetes mellitus? Yes No

If No, go to section 3, Cardiac

- If Yes, please answer all questions below.
1. Is the diabetes managed by: Yes No
- (a) Insulin? Yes No
If No, go to 1c
If Yes, please give date started on insulin.
- (b) Are there at least 3 continuous months of blood glucose readings stored on a memory meter or meters? Yes No
If No, please give details in section 9, page 7.
- (c) Other injectable treatments? Yes No
- (d) A Sulphonylurea or a Glinide? Yes No
- (e) Oral hypoglycaemic agents and diet? Yes No
If Yes to any of (a) to (e), please fill in the medication section 8, page 6.
- (f) Diet only? Yes No

2. (a) Does the applicant test blood glucose at least twice every day? Yes No
- (b) Does the applicant test at times relevant to driving (no more than 2 hours before the start of the first journey and every 2 hours while driving)? Yes No
- (c) Does the applicant keep fast-acting carbohydrate within easy reach when driving? Yes No
- (d) Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving? Yes No

3. (a) Has the applicant ever had a hypoglycaemic episode? Yes No
- (b) If Yes, is there full awareness of hypoglycaemia? Yes No

4. Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person? Yes No
- If Yes, please give details and dates below.
-

5. Is there evidence of: Yes No
- (a) Loss of visual field? Yes No
- (b) Severe peripheral neuropathy, sufficient to impair limb function for safe driving? Yes No
- If Yes, please give details in section 9, page 7.

6. Has there been laser treatment or intra-vitreous treatment for retinopathy? Yes No
- If Yes, please give most recent date of treatment.

Applicant's full name

Date of birth

6 Sleep disorders

1. Is there a history or evidence of Obstructive Sleep Apnoea Syndrome or any other medical condition causing excessive sleepiness? Yes No

If No, go to section 7, Other medical conditions.

If Yes, please give diagnosis and answer all questions below.

- a) If Obstructive Sleep Apnoea Syndrome, please indicate the severity:

Mild (AHI <15)
 Moderate (AHI 15 - 29)
 Severe (AHI >29)
 Not known

If another measurement other than AHI is used, it must be one that is recognised in clinical practice as equivalent to AHI. DVLA does not prescribe different measurements as this is a clinical issue. Please give details in section 9 page 7, Further details.

- b) Please answer questions (i) to (vi) for **all** sleep conditions.

(i) Date of diagnosis: Yes No

(ii) Is it controlled successfully?

(iii) If Yes, please state treatment.

(iv) Is applicant compliant with treatment? Yes No

(v) Please state period of control:

years months

(vi) Date of last review.

7 Other medical conditions

1. Is there a history or evidence of narcolepsy? Yes No

2. Is there currently any functional impairment that is likely to affect control of the vehicle? Yes No

3. Is there a history of bronchogenic carcinoma or other malignant tumour with a significant liability to metastasise cerebrally? Yes No

4. Is there any illness that may cause significant fatigue or cachexia that affects safe driving? Yes No

5. Is the applicant profoundly deaf? Yes No

If Yes, is the applicant able to communicate in the event of an emergency by speech or by using a device, e.g. a textphone? Yes No

6. Does the applicant have a history of liver disease of any origin? Yes No

If Yes, is this the result of alcohol misuse?

If Yes, please give details in section 9, page 7.

7. Is there a history of renal failure? Yes No

If Yes, please give details in section 9, page 7.

8. Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia? Yes No

9. Does any medication currently taken cause the applicant side effects that could affect safe driving? Yes No

If Yes, please fill in section 8, Medication and give symptoms in section 9, page 7.

10. Does the applicant have any other medical condition that could affect safe driving? Yes No

If Yes, please provide details in section 9, page 7.

8 Medication

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

| Medication | Dosage |
|--|--------|
| | |
| Reason for taking: | |
| Approximate date started (if known): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |

| Medication | Dosage |
|--|--------|
| | |
| Reason for taking: | |
| Approximate date started (if known): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |

| Medication | Dosage |
|--|--------|
| | |
| Reason for taking: | |
| Approximate date started (if known): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |

| Medication | Dosage |
|--|--------|
| | |
| Reason for taking: | |
| Approximate date started (if known): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |

| Medication | Dosage |
|--|--------|
| | |
| Reason for taking: | |
| Approximate date started (if known): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |

Applicant's full name

Date of birth

General Practitioner Details & Declaration

To be completed by Doctor carrying out the examination.

I I. Doctor's details

| | |
|------------------|--|
| Name (Applicant) | |
| Surgery stamp | |
| Address | |

I certify that I am the named applicant's General Practitioner

or

I certify that I am a General Practitioner with full access to the applicants

NHS records at the time of the examination

I certify that I have reviewed all the applicant's medical history and have today examined the named applicant, and I consider him/her

FIT

UN-FIT

to act as a hackney carriage/private hire/contract driver in the Carlisle area.

I have come to this decision having studied his/her medical records and using Group 2 standards for vocational drivers as laid down in the current issue of "At a glance guide to the current medical standards of fitness to drive" issued by the Drivers Medical Unit, DVLA, Swansea.

I declare that the answers to all questions are true to the best of my knowledge and belief.

I understand that it is an offence for the person completing this form to make a false statement or omit relevant details.

| |
|--|
| Signature of Medical Practitioner: |
| Date: |
| Print Name of Medical Practitioner: |
| GP Registered Number: |