

South Lakeland District Council

Driver Application for hackney carriage and/or private hire vehicles



New HCD/PHD Driver Application



New HCD/PHD 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)		Date of birth	
Address			
Postcode			
Telephone no.		Mobile no.	
Are you entitled to work in the United Kingdom?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
You will need to provide evidence of this entitlement to work.	If you are from:	You will need to provide:	
	UK or Republic of Ireland	Birth certificate or passport <input type="checkbox"/>	
	EU National	Passport <input type="checkbox"/>	
	Rest of World	Passport & Visa <input type="checkbox"/>	

B. Type of licence			
1. I wish to apply for a licence to drive:	Hackney carriage <input type="checkbox"/>	Private hire vehicle <input type="checkbox"/>	
2. Hackney Driver - State employers name or 'self employed':			
3. Private Hire Driver - State Operators Licence Number:			
4. Have you ever applied for, or held a hackney carriage or private hire vehicle drivers' licence before?	Yes <input type="checkbox"/> - go to B5	No <input type="checkbox"/> - go to B7	
5. If you have previously applied for a hackney carriage / private hire vehicle drivers' licence, was the application rejected?	Yes <input type="checkbox"/> - please explain why in B10	No <input type="checkbox"/> - go to B6	
6. Have you ever had a hackney carriage or private hire vehicle drivers' licence suspended or revoked or allowed to lapse?	Yes <input type="checkbox"/> - please explain why in B10 – if lapsed, give the date it lapsed	No <input type="checkbox"/> - go to B7	
7. Driving Licence number:			
8. Date of Licence expiry:			
9. National Insurance Number:			

B. Type of licence (cont.)

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.

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

I declare that I have, for at least twelve months prior to the date of this application, held a driving licence, not being a provisional driving licence, that authorises me to drive on a road a motor vehicle of the following groups (please tick all that apply):

- B (cars, motor vehicles under 3500Kg and no more than 8 passenger seats)
- B Auto (cars etc with automatic transmission)

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.

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

C. Documents to enclose	Please tick where appropriate	
	Enclosed?	Official use only
1. My current UK driving licence and counterpart if applicable, or; my EU driving licence and DVLA counterpart	<input type="checkbox"/>	<input type="checkbox"/>
2. Disclosure & Barring Service Enhanced Disclosure Application Form	<input type="checkbox"/>	<input type="checkbox"/>
3. Proof of my identity (see list on page 4)	<input type="checkbox"/>	<input type="checkbox"/>
4. Proof of my current address (see list on page 4)	<input type="checkbox"/>	<input type="checkbox"/>
5. Statutory Declaration of criminal offences (pages 5 & 6 of this document) (required every three years)	<input type="checkbox"/>	<input type="checkbox"/>
6. Medical Report Form (completed & signed by my doctor and me) (required every three years)	<input type="checkbox"/>	<input type="checkbox"/>
7. Data Protection Mandate - Form DP20 (required every three years)	<input type="checkbox"/>	<input type="checkbox"/>
8. Passport style colour photograph of me which has been taken in past three months	<input type="checkbox"/>	<input type="checkbox"/>
9. DSA Assessment certificate TPH10 or WTA10	<input type="checkbox"/>	<input type="checkbox"/>
10. Pass certificate 'Local Knowledge Test'	<input type="checkbox"/>	<input type="checkbox"/>
11. The licence fee	<input type="checkbox"/>	<input type="checkbox"/>
12. I also give SLDC consent to view my driving licence information through the government digital enquiry service (www.gov.uk)	<input type="checkbox"/>	<input type="checkbox"/>

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 by the applicant's own general practitioner. 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 required standard of driving by producing certificate TPH10 or WTA10 that was issued by the Driving Standards Agency 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 the DVLA their 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). Thereafter, the DVLA driving licence verification checks will be required on a 3 yearly 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 01539 733333 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.

DBS checklist for driver applications

An applicant for an enhanced DBS check must produce:

1. Original document from Group 1; and
2. Further original documents from Group 1, 2a or 2b; one of which must verify their current address.

Group 1	Tick if produced
Current Passport (This is always necessary if a non-UK driving licence is held)	<input type="checkbox"/>
Biometric Residence Permit (UK only)	<input type="checkbox"/>
Current Driving Licence – Photocard & counterpart together (UK only)	<input type="checkbox"/>
Birth Certificate (UK and Channel Islands) - issued at the time of birth	<input type="checkbox"/>

Group 2a	Tick if produced
Current UK Driving licence (old style paper version)	<input type="checkbox"/>
Birth Certificate (UK and Channel Islands) - issued after the time of birth	<input type="checkbox"/>
Marriage/Civil Partnership Certificate (UK and Channel Islands)	<input type="checkbox"/>
Adoption Certificate (UK and Channel Islands)	<input type="checkbox"/>
HM Forces ID Card (UK)	<input type="checkbox"/>
Fire Arms Licence (UK and Channel Islands)	<input type="checkbox"/>

Group 2b	Tick if produced
Bank/Building Society Account Opening Confirmation Letter (UK only)	<input type="checkbox"/>
EU National ID Card	<input type="checkbox"/>
Cards carrying the PASS accreditation logo (UK and Channel Islands)	<input type="checkbox"/>
A document from Central/ Local Government/ Government Agency/ Local Authority giving entitlement to something (UK & Channel Islands)*	<input type="checkbox"/>
Bank/Building Society Statement (UK or EEA only)*	<input type="checkbox"/>
Utility Bill (UK only) – Not Mobile Telephone*	<input type="checkbox"/>
Credit Card Statement (UK or EEA only)*	<input type="checkbox"/>
Benefit Statement - e.g. Child Allowance, Pension*	<input type="checkbox"/>
P45/P60 Statement (UK & Channel Islands only)**	<input type="checkbox"/>
Council Tax Statement (UK & Channel Islands only). **	<input type="checkbox"/>
Mortgage Statement (UK or EEA only) **	<input type="checkbox"/>
Financial Statement - e.g. pension, endowment, ISA (UK only)**	<input type="checkbox"/>
Work Permit/Visa (UK only) (UK Residence Permit) **	<input type="checkbox"/>

Please note if a document in the list is:

- Denoted with * - it should be issued within the past 3 months.
- Denoted with ** - it should be issued within the past 12 months.
- Not denoted - it can be more than 12 months old.

Statutory Declaration

To be completed by persons applying for a licence to (1) Drive a hackney carriage and/or private hire vehicle (2) Operate private hire vehicles.

NB: The Rehabilitation of Offenders Act 1974 does not apply to Hackney Carriage/Private Hire Drivers - convictions are never "spent" by virtue of the (Exceptions) (Amendment) Order 2002.

I (full name):			
Of (full postal address):			
Date of birth:			
Hereby declare that: (tick either declaration 1 or 2 as appropriate):			
1. I have never been convicted of any offence and I have never been cautioned* by the Police for any offence and I am not subject to any pending prosecution.			<input type="checkbox"/>
2. I list here full details of every offence for which I have been convicted, together with full details of every offence for which I have been cautioned* by the Police, and full details of every offence for which I am currently being prosecuted.			<input type="checkbox"/>

*Please note that references to Police cautions include warnings and reprimands issued under Section 65 of the Crime and Disorder Act 1998

Convictions, Cautions and Pending Prosecutions Details (Including Motoring and Criminal)			
Date of conviction/ Caution/Pending hearing	Offence	Court	Sentence

If necessary, please continue on reverse of sheet.

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 public meeting of the Council's Licensing Sub-Committee, 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:	
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Convictions, Cautions and Pending Prosecutions Details (Including Motoring and Criminal) (cont.)			
Date of conviction/ Caution/Pending hearing	Offence	Court	Sentence

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 at the same practice, who can confirm they have had full access to the applicant's 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, 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**
- **please complete in block capital letters in black ink**

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. South Lakeland District Council has no responsibility for medical fees.
3. Fill in Section 8 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 1-7 and 9 of this report. Please ensure the applicant completes Section 8 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 Public Protection (Licensing) Team at South Lakeland District Council. Please record any advice given at Section 7.
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 7.

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. South Lakeland District 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.

Medical Examination Report

Applicant's details

To be completed in the presence of the Medical Practitioner carrying out the examination.

Your details	
Your full name(s)	
Your address	
Postcode	
Date of birth	
Home tel. no.	
Work/day no.	

About your GP/Group practice	
GP/Group name	
Address	
Telephone	
Email	
Fax	

To be completed by the doctor (please use black ink)			
Please give patient's 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 analysis positive for Glucose? (please tick appropriate box)			Yes <input type="checkbox"/> No <input type="checkbox"/>
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 taxi/PH vehicle			

1. Vision							
Please tick (✓) the appropriate boxes							
Please confirm the scale you are using to express the driver's visual acuities.							
Snellen <input type="checkbox"/>		Snellen expressed as a decimal <input type="checkbox"/>			LogMAR <input type="checkbox"/>		
1. Is the applicant unable to achieve a visual acuity of 6/7.5 (in the better eye) and at least 6/60 (in the worse eye) using corrective lenses if necessary (as measured with the full size 6m Snellen chart).					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2. Is the applicant monocular, i.e. (visual acuity less than 3/60 in one eye).					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3. Please state the visual acuities of each eye in terms of the 6m Snellen chart. Please convert any 3 metre readings to the 6 metre equivalent.							
UNCORRECTED				CORRECTED			
Right		Left		Right		Left	
4. Is there a defect in his/her binocular field of vision (central and/or peripheral)?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5. Is there diplopia? (Controlled or uncontrolled)?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6. Does the applicant have any other ophthalmic condition?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes to 4, 5 or 6, please give details in Section 7 and enclose any relevant visual field charts or hospital letters.							
Checked by:						Date:	

2. Nervous system		
Please tick (✓) the appropriate boxes		
1. Has the applicant had any form of epileptic attack?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the applicant had more than one attack ?		Yes <input type="checkbox"/> No <input type="checkbox"/>
a) If yes, please give date of first & last attack		First <input type="text"/>
		Last <input type="text"/>
b) If treated, please give date when treatment ceased		
c) Is the applicant currently on anti-epileptic medication? If yes , please complete current medication on the appropriate section on the previous page of this form.		Yes <input type="checkbox"/> No <input type="checkbox"/>
d) If no longer treated, please give date when treatment ended		
2. Is there a history of blackout or impaired consciousness within the last 5 years? If yes , please give date(s) and details in Section 7 .		Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Does the applicant suffer from narcolepsy/cataplexy? If yes , please give details in Section 7 .		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Nervous system (cont.)		
Please tick (✓) the appropriate boxes		
4. Is there a history of, or evidence of any of the conditions listed at a) - h) below? If no , go to Section 3 . If yes , please tick the relevant box(es) and give dates and full details at Section 7 .	Yes <input type="checkbox"/>	No <input type="checkbox"/>
a) Stroke/TIA? (please delete as appropriate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Sudden and disabling dizziness/vertigo within the last 1 year with a liability to recur	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Subarachnoid haemorrhage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) Serious head injury within the last 10 years	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) Brain tumour, either benign or malignant, primary or secondary	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f) Other brain surgery	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g) Chronic neurological disorders e.g. Parkinson's disease, Multiple Sclerosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h) Dementia or cognitive impairment	Yes <input type="checkbox"/>	No <input type="checkbox"/>

3. Diabetes Mellitus		
Please tick (✓) the appropriate boxes		
1. Does the applicant have diabetes mellitus? If no , please proceed to Section 4 . If yes , please answer the following questions.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Is the diabetes managed by:		
a) Insulin?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , please give date started on insulin		
If treated with insulin, are there at least three months of blood glucose readings stored on a memory meter? If no , please give details in Section 7 .	Month one	
	Month two	
	Month three	
b) Oral hypoglycaemic agents and diet? If yes , please complete current medication on the appropriate section on the front of this form.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Diet only?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Does the applicant test blood glucose at least twice every day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the applicant test at times relevant to driving?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Is there evidence of:		
a) Loss of visual field?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Severe peripheral neuropathy, sufficient to impair limb function for safe driving?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Diminished/Absent awareness of hypoglycaemia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

3. Diabetes Mellitus (cont.)

Please tick (✓) the appropriate boxes

5. Has there been laser treatment for retinopathy? Yes No

If **yes**, please give date(s) of treatment

6. Is there a history of hypoglycaemia during **waking** hours in the last 12 months requiring assistance from a third party? Yes No

If **yes** to any of 4-6 above, please give details in **Section 7**.

4. Psychiatric Illness

Please tick (✓) the appropriate boxes

Is there a history of, or evidence of any of the conditions listed at 1-6 below? Yes No
If **no**, please go to **Section 5**. 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 7**.

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

1. Has the applicant had more than one attack? Yes No

2. Has there been dementia or cognitive impairment? Yes No

3. A psychotic illness within the past 3 years, including psychotic depression Yes No

4. Persistent alcohol misuse in the past 12 months Yes No

5. Alcohol dependency in the past 3 years Yes No

6. Persistent drug misuse in the past 12 months Yes No

7. Drug dependency in the past 3 years Yes No

NB. Please enclose relevant hospital notes with reference to this condition

5. Cardiac

Please follow the instructions in all sections (5A-5G) giving details as required in Section 7 and enclose hospital notes relevant to this condition.

NB. If applicant remains under specialist cardiac clinic(s) ensure details are completed on page 4.

5a. Coronary Artery Disease

Please tick (✓) the appropriate boxes

Is there a history of, or evidence of, coronary artery disease? Yes No
If **no**, proceed to **Section 5c**. If **yes**, please answer all questions below and give details at **Section 7** of the form.

1. Acute Coronary Syndrome including Myocardial Infarction? Yes No

If yes, please give date(s)

5a. Coronary Artery Disease (cont.)			
Please tick (✓) the appropriate boxes			
2. Coronary artery by-pass graft?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give date(s)			
3. Coronary Angioplasty (P.C.I)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give date(s)			
4. Has the applicant suffered from Angina?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give date(s)			
Please proceed to next Section 5b.			
5b. Cardiac Arrhythmia			
Please tick (✓) the appropriate boxes			
Is there a history of, or evidence of, cardiac arrhythmia? If no , proceed to Section 5c . If yes , please answer all questions below and give details at Section 7 of the form.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
1. Has there been a significant disturbance of cardiac rhythm (ie. Sinusoidal disease, significant atrioventricular conduction defect, atrial flutter/fibrillation, narrow or broad complex tachycardia) in the past five years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Has the arrhythmia been controlled satisfactorily for at least 3 months?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Has a cardiac defibrillator device (I.C.D) been implanted?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Has a pacemaker been implanted?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , please give date			
a) Has the pacemaker been implanted for at least 6 weeks?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Since implantation of the pacemaker, is the applicant now symptom free as a result?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Does the applicant attend a pacemaker clinic regularly?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please proceed to next Section 5c.			
5c. Peripheral Arterial Disease			
Please tick (✓) the appropriate boxes			
1. Is there a history or evidence of peripheral arterial disease (excluding Buerger's disease aortic aneurysm/dissection)? If yes , please tick ALL relevant boxes below, and give details at Section 7 of the form.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Peripheral Arterial Disease Aortic Aneurysm		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes :	a) Site of Aneurysm:	Thoracic <input type="checkbox"/>	Abdominal <input type="checkbox"/>
	b) Has it been repaired successfully?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5c. Peripheral Arterial Disease (cont.)			
Please tick (✓) the appropriate boxes			
	c) Is the transverse diameter currently more than 5cms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If no, please provide latest measurement		
	Date obtained:		
Dissection of the Aorta		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes :	d) Has it been repaired successfully?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please proceed to next Section 5d .			
5d. Peripheral Arterial Disease			
Please tick (✓) the appropriate boxes			
Is there a history of, or evidence of, valvular/congenital heart disease? If no , proceed to Section 5e . If yes , please answer all questions below and give details at Section 7 of the form.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.	Is there a history of congenital heart disorder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Is there a history of heart valve disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Is there any history of embolism? (not pulmonary embolism)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Does the applicant currently have significant symptoms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Is there a history of aortic stenosis? If yes, please provide relevant reports.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Has there been any progression since the last licence application? (if relevant)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please proceed to next Section 5e .			
5e. Cardiomyopathy			
Please tick (✓) the appropriate boxes			
Does the applicant have a history of any of the following conditions:			
a)	a history of, or evidence of heart failure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b)	established cardiomyopathy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c)	Has a ventricular assist device (LVAD) been implanted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d)	a heart or heart/lung transplant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e)	untreated atrial myxoma	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , to any part of the above, please give full details in Section 7 of the form. If no , proceed to next Section 5f .			
5f. Cardiac Investigations			
Please tick (✓) the appropriate boxes. THIS SECTION MUST BE COMPLETED FOR ALL APPLICANTS.			
1.	Has a resting ECG been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , does it show:	a) pathological Q waves?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5f. Cardiac Investigations (cont.)			
Please tick (✓) the appropriate boxes			
	b) left bundle branch block?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c) right bundle branch block?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Has an exercise ECG been undertaken (or planned)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes , please give date, and give details in Section 7 . Sight/copy of the exercise test result/report (if done in the last 3 years) would be helpful.		
3.	Has an echocardiogram been undertaken (or planned)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	a) If yes , please give date, and give details in Section 7 .		
	b) If undertaken, is/was the left ventricular ejection fraction greater than or equal to 40%? Sight/copy of the echocardiogram result/report would be helpful.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Has a coronary angiogram been undertaken (or planned)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes , please give date and give details in Section 7 . Sight/copy of the angiogram result/report would be helpful.		
5.	Has a 24 hour ECG tape been undertaken (or planned)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes , please give date, and give details in Section 7 . Sight/copy of the 24 hour tape result/report would be helpful.		
6.	Has a myocardial perfusion scan or stress echo study been undertaken (or planned)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes , please give date and give details in Section 7 . Sight/copy of the scan result/report would be helpful.		
Please proceed to next Section 5g .			
5g. Blood Pressure			
Please tick (✓) the appropriate boxes. THIS SECTION MUST BE COMPLETED FOR ALL APPLICANTS.			
If the blood pressure is 180/100mmHg systolic or more and/or 100mmHg diastolic or more please take a further two readings at least five minutes apart and record the best of the three readings in the box provided.			
Please record today's best blood pressure reading			
Is the patient on anti-hypertensive treatment?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes to any of the above, please provide three previous readings with dates if available:			
1.	Blood pressure reading		
2.	Blood pressure reading		
3.	Blood pressure reading		

6. General

Please tick (✓) the appropriate boxes

Please answer all questions in this section. If your answer is yes to any of the questions, please give full details in Section 7.

1. Is there currently a disability of the spine or limbs, likely to impair control of the vehicle?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Is there a history of bronchogenic carcinoma or other malignant tumour, for example, malignant melanoma, with a significant liability to metastasise cerebrally?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , please give dates and diagnosis and state whether there is current evidence of dissemination:			
3. Is there any illness that may cause significant fatigue or cachexia that affects safe driving?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Is the applicant profoundly deaf?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , is he/she able to communicate in the event of an emergency, by speech or by using a device, e.g. a MINICOM/text phone?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Is there a history of either renal or hepatic failure?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Is there a history of liver disease of any origin? If yes , please give details in Section 7 .		Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Does the applicant have sleep apnoea syndrome?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes , please supply details:	a) Date of diagnosis		
	b) Is it controlled successfully?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c) If yes , please state treatment:		
	d) Please state period of control:		
Is there a history of or evidence of obstructive sleep apnoea syndrome or any other medical condition causing excessive sleepiness?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give diagnosis:			
a) If obstructive sleep apnoea syndrome, please indicate severity:			
Mild (AHI 15) <input type="checkbox"/>	Moderate (AHI 15-29) <input type="checkbox"/>	Severe (AHI >29) <input type="checkbox"/>	Unknown <input type="checkbox"/>
If another measurement other than AHI is used, it must be one that is recognized by clinical practice as equivalent to AHI. DVLA does not prescribe different measurements, as this is a clinical issue. Please give details in Section 7 .			
b) Please answer questions i) - vi) for all sleep conditions:			
i) Date of diagnosis:			
ii) Is it controlled successfully?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
iii) If yes, please state treatment:			
iv) Is the applicant compliant with treatment?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

6. General (cont.)

Please tick (✓) the appropriate boxes

Please answer all questions in this section. If your answer is yes to any of the questions, please give full details in Section 7.

v) Please state period of control:

vi) Date of last review

8. Is there any other **medical condition**, causing excessive daytime sleepiness? Yes No

If **yes**, please supply details:

a) Diagnosis

b) Date of diagnosis

c) Is it controlled successfully? Yes No

d) If **yes**, please state treatment

e) Please state period of control

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

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

If **yes**, please supply details of medication:

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

If **yes**, please supply details

7. Notes

Please forward copies of relevant hospital notes only.

Please do not send any notes not related to fitness to drive.

7. Notes (cont.)

**Please forward copies of relevant hospital notes only.
Please do not send any notes not related to fitness to drive.**

8. 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, South Lakeland District 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 South Lakeland District Council's medical adviser.

I authorise South Lakeland District 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 South Lakeland District 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."

Signature:

Date:

General Practitioner Details & Declaration

To be completed by Doctor carrying out the examination.

8. Doctor's details			
Name(s)			Surgery stamp:
Address			
<p>I certify that I am the named applicant's General Practitioner/a General Practitioner with full access to the applicant's NHS records at the time of the examination</p> <p>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 <input type="checkbox"/> UN-FIT <input type="checkbox"/> to act as a hackney carriage/private hire/contract driver in the South Lakeland area.</p> <p>I declare that the answers to all questions are true to the best of my knowledge and belief.</p> <p>I understand that it is an offence for the person completing this form to make a false statement or omit relevant details.</p>			
I confirm that:			
is registered with this Doctors Practice and I have checked and have had access to their medical history.			
Signature of Medical Practitioner		Date	
Print Name of Medical Practitioner		GP Registered Number	

