

# 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. LTS Assessment Certificates Practical & Local Knowledge	<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 requires standard of driving by producing a certificate that was issued by LTS (Lancaster Training Services) 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 <b>after</b> 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:			
<b>Hereby declare that: (tick either declaration 1 or 2 as appropriate):</b>			
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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### 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](http://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 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 1-9 and 11 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](http://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 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 dioptries 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](http://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 for a Hackney or Private Hire licence

**If this form is not fully completed we will return it to you  
and your application will be delayed.**

## **Your details (applicant)**

Name \_\_\_\_\_

Full address \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Date of birth \_\_\_\_\_

Email address \_\_\_\_\_

## **Your doctor's details**

Doctor's name \_\_\_\_\_

Full address \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

**You must sign and date the declaration on page 8 when the doctor and/or  
optician has completed the report.**

**This report is valid for 4 months from the date the  
doctor and/or optician or optometrist signs it.  
Please return it together with your application form.**

## **Examining doctor's details** – to be completed by the doctor carrying out the examination.

Doctor's name \_\_\_\_\_

Full address \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

GMC registration number 

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**You must sign and date this form in Section 10. All black outlined boxes  
MUST be answered. Please make sure all sections of the form have been completed.  
The form will be returned to you if you don't do this.**

# Medical examination report

## Vision assessment

To be filled in by a doctor or optician/optometrist

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. Please state the visual acuity of each eye (see INF4D).  
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.

Uncorrected

Corrected

(using prescription worn for driving)

R	L	R	L
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3. 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 ☐

4. Were corrective lenses worn to meet this standard? Yes ☐ No ☐

If Yes, glasses ☐ contact lenses ☐ both together ☐

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? Yes ☐ No ☐  
If No, please give full 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) If Yes, 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 ☐

If Yes to any of questions 7-10, please give full details in the box provided.

### Details/additional information

You must sign and date this section.

Name of examining doctor/optician (print)

Signature of examining doctor/optician

Date of signature

D	D	M	M	Y	Y
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Please provide your GOC, HPC or GMC number

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Doctor/optometrist/optician's stamp

Applicant's full name

Date of birth

D	D	M	M	Y	Y
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Please do not detach this page

# Medical examination report

## Medical assessment

Must be filled in by a doctor

- Please check the applicant's identity before you proceed.
- Please ensure you fully examine the applicant and take the applicant's history.

### 1 Neurological disorders

Please tick ✓ the appropriate box(es)

Is there a history of, or evidence of any neurological disorder?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If **No**, go to section 2

If **Yes**, please answer **all** the questions below, give details in section 6, page 6 and enclose relevant hospital notes.

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Has the applicant had any form of seizure?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (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?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>Yes</b> , please fill in current medication in section 8, page 7                    |                          |                          |
| (d) If no longer treated, please give date when treatment ended                           | <input type="text"/>     | <input type="text"/>     |
| (e) Has the applicant had a brain scan?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>Yes</b> , please give details in section 6, page 6                                  |                          |                          |
| (f) Has the applicant had an EEG?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>Yes</b> to any of above, please supply reports if available.                        |                          |                          |
| 2. Stroke or TIA?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>Yes</b> , please give date  | <input type="text"/>     | <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"/> |
| If <b>Yes</b> , was the carotid artery stenosis >50% in either carotid artery?            | <input type="checkbox"/> | <input type="checkbox"/> |
| Has there been a carotid endarterectomy?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Sudden and disabling dizziness/vertigo within the last year with a liability to recur? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Subarachnoid haemorrhage?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Serious traumatic brain injury within the last 10 years?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Any form of brain tumour?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Other brain surgery or abnormality?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Chronic neurological disorders?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Parkinson's disease?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is there a history of blackout or impaired consciousness within the last 5 years?     | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does the applicant suffer from narcolepsy?  | <input type="checkbox"/> | <input type="checkbox"/> |

### 2 Diabetes mellitus

Does the applicant have diabetes mellitus?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If **No**, go to section 3, page 4

If **Yes**, please answer **all** the questions below.

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Is the diabetes managed by:  |                          |                          |
| (a) Insulin?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>Yes</b> , please give date started on insulin   | <input type="text"/>     | <input type="text"/>     |
| (b) If treated with insulin, are there at least 3 continuous months of blood glucose readings stored on a memory meter(s)?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>No</b> , please give details in section 6, page 6   |                          |                          |
| (c) Other injectable treatments?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) A Sulphonylurea or a Glinide?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Oral hypoglycaemic agents and diet?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>Yes</b> to any of (a)-(e), please fill in current medication in section 8, page 7   |                          |                          |
| (f) Diet only?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. (a) Does the applicant test blood glucose at least twice every day?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Does the applicant test at times relevant to driving ( <b>no more than 2 hours before the start of the first journey and every 2 hours while driving</b> )? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Does the applicant keep fast acting carbohydrate within easy reach when driving?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there any evidence of impaired awareness of hypoglycaemia?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is there evidence of:  | <input type="checkbox"/> | <input type="checkbox"/> |
| (a) Loss of visual field?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Severe peripheral neuropathy, sufficient to impair limb function for safe driving?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>Yes</b> to any of 4-5 above, please give details in section 6, page 6   |                          |                          |
| 6. Has there been laser treatment or intra-vitreal treatment for retinopathy?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>Yes</b> , please give date(s) of treatment.   | <input type="text"/>     | <input type="text"/>     |

Applicant's full name

Date of birth

### 3 Psychiatric illness

Is there a history of, or evidence of, psychiatric illness, drug/alcohol misuse within the last 3 years? ☐ Yes ☐ No

If **No**, go to **section 4**

If **Yes**, please answer **all** questions below

1. Significant psychiatric disorder within the past 6 months? ☐ Yes ☐ No
2. Psychosis or hypomania/mania within the past 12 months, including psychotic depression? ☐ Yes ☐ No
3. Dementia or cognitive impairment? ☐ Yes ☐ No
4. Persistent alcohol misuse in the past 12 months? ☐ Yes ☐ No
5. Alcohol dependence in the past 3 years? ☐ Yes ☐ No
6. Persistent drug misuse in the past 12 months? ☐ Yes ☐ No
7. Drug dependence in the past 3 years ☐ Yes ☐ No

If **'Yes'** to any questions above, please provide full details in **section 6, page 6**, including dates, period of stability and where appropriate consumption and frequency of use.

### 4 Cardiac

#### a Coronary artery disease

Is there a history of, or evidence of, coronary artery disease? ☐ Yes ☐ No

If **No**, go 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? ☐ Yes ☐ No  
If **Yes**, please give the date of the last known attack  DD  MM  YY
2. Acute coronary syndrome including myocardial infarction? ☐ Yes ☐ No  
If **Yes**, please give date  DD  MM  YY
3. Coronary angioplasty (P.C.I.)? ☐ Yes ☐ No  
If **Yes**, please give date of most recent intervention  DD  MM  YY
4. Coronary artery by-pass graft surgery? ☐ Yes ☐ No  
If **Yes**, please give date  DD  MM  YY
5. If **Yes** to any of the above, are there any physical health problems (e.g. mobility/arthritis, COPD) that would make the applicant unable to undertake 9 minutes of the standard Bruce Protocol ETT? ☐ Yes ☐ No

### b Cardiac arrhythmia

Is there a history of, or evidence of, cardiac arrhythmia? ☐ Yes ☐ No

If **No**, go to **section 4c**

If **Yes**, please answer **all** questions below and give details in **section 6, page 6** and enclose relevant hospital notes.

1. Has there been a **significant** disturbance of cardiac rhythm? i.e. sinoatrial disease, significant atrio-ventricular conduction defect, atrial flutter/fibrillation, narrow or broad complex tachycardia in the last 5 years? ☐ Yes ☐ No
2. Has the arrhythmia been controlled satisfactorily for at least 3 months? ☐ Yes ☐ No
3. Has an ICD or biventricular pacemaker (CRT-D type) been implanted? ☐ Yes ☐ No
4. Has a pacemaker been implanted? ☐ Yes ☐ No  
If **Yes**:
  - (a) Please give date of implantation  DD  MM  YY
  - (b) Is the applicant free of the symptoms that caused the device to be fitted? ☐ Yes ☐ No
  - (c) Does the applicant attend a pacemaker clinic regularly? ☐ Yes ☐ No

#### Peripheral arterial disease (excluding Buerger's disease) aortic aneurysm/dissection

Is there a history of, or evidence of, peripheral arterial disease (excluding Buerger's disease), aortic aneurysm/dissection? ☐ Yes ☐ No

If **No**, go to **section 4d**

If **Yes**, please answer **all** questions below and give details in **section 6 page 6**, and enclose relevant hospital notes.

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** > 5.5 cm? ☐ Yes ☐ No  
If **No**, please provide latest measurement and date obtained  DD  MM  YY
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**, please provide relevant hospital notes

Applicant's full name

Date of birth

DD  MM  YY



**d Valvular/congenital heart disease**

Is there a history of, or evidence of, valvular/congenital heart disease? **Yes No**  
☐ ☐

If **No**, go to **section 4e**

If **Yes**, please answer **all** questions below and give details in **section 6 page 6** and enclose relevant hospital notes.

1. Is there a history of congenital heart disease? **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 ☐ ☐
4. Is there any history of embolism? **Yes No**  
(**not** pulmonary embolism) ☐ ☐
5. Does the applicant currently have significant symptoms? **Yes No**  
☐ ☐
6. Has there been any progression since the last licence application? (if relevant) **Yes No**  
☐ ☐

**e Cardiac other**

Is there a history of, or evidence of heart failure? **Yes No**  
☐ ☐

If **No**, go to **section 4f**

If **Yes**, please answer **all** questions and enclose relevant hospital notes.

1. Established cardiomyopathy? **Yes No**  
☐ ☐
2. Has a left ventricular assist device (LVAD) been implanted? **Yes No**  
☐ ☐
3. A heart or heart/lung transplant? **Yes No**  
☐ ☐
4. Untreated atrial myxoma? **Yes No**  
☐ ☐

**f Blood pressure**

If resting blood pressure is 180 mm/Hg systolic or more and/or 100mm Hg diastolic or more, please take a further 2 readings at least 5 minutes apart and record the best of the 3 readings in the box provided.

1. Please record today's **best resting** blood pressure reading

2. Is the applicant on anti-hypertensive treatment? **Yes No**  
☐ ☐
- If **Yes**, please 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"/>	<input type="text"/>	<input type="text"/>

**g Cardiac investigations**

Have any cardiac investigations been undertaken or planned? **Yes No**  
☐ ☐

If **No**, go to **section 5**

If **Yes**, please answer **all** questions **Yes No**

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, page 6**.

2. Has an exercise ECG been undertaken (or planned)? **Yes No**  
☐ ☐

If **Yes**, please give date and give details in **section 6, page 6**

<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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Please provide relevant reports if available

3. Has an echocardiogram been undertaken (or planned)? **Yes No**  
☐ ☐

(a) If **Yes**, please give date and give details in **section 6, page 6**.

<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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(b) If undertaken, is/was the left ejection fraction greater than or equal to 40%? ☐ ☐

Please provide relevant reports if available

4. Has a coronary angiogram been undertaken (or planned)? **Yes No**  
☐ ☐

If **Yes**, please give date and give details in **section 6, page 6**.

<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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Please provide relevant reports if available

5. Has a 24 hour ECG tape been undertaken (or planned)? **Yes No**  
☐ ☐

If **Yes**, please give date and give details in **section 6, page 6**.

<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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Please provide relevant reports if available

6. Has a myocardial perfusion scan or stress echo study been undertaken (or planned)? **Yes No**  
☐ ☐

If **Yes**, please give date and give details in **section 6, page 6**.

<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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Please provide relevant reports if available

Applicant's full name

Date of birth

<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

All questions must be answered. If **Yes** to any, give full details in section 6 and enclose relevant hospital notes.

1. Is there a history of, or evidence of, obstructive sleep apnoea syndrome or any other medical condition causing excessive sleepiness? **Yes** ☐ **No** ☐

If **Yes**, please give diagnosis

- 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 6.

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

(i) Date of diagnosis         **Yes** ☐ **No** ☐

(ii) Is it controlled successfully? ☐ ☐

(iii) If **Yes**, please state treatment

**Yes** ☐ **No** ☐

(iv) Is applicant compliant with treatment? ☐ ☐

(v) Please state period of control

(vi) Date of last review

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? ☐ ☐

6. Does the applicant have a history of liver disease of any origin? **Yes** ☐ **No** ☐  
If **Yes**, please give details in **section 6**

7. Is there a history of renal failure? **Yes** ☐ **No** ☐  
If **Yes**, please give details in **section 6**

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 provide details of medication and symptoms in **section 6**

10. Does the applicant have any other medical condition that could affect safe driving? **Yes** ☐ **No** ☐  
If **Yes**, please provide details in **section 6**

## 6

## Further details

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

Applicant's full name

Date of birth



7

**Consultants' details**

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

Consultant in
Name
Address

Date of last appointment

D	D	M	M	Y	Y
---	---	---	---	---	---

Consultant in
Name
Address

Date of last appointment

D	D	M	M	Y	Y
---	---	---	---	---	---

Consultant in
Name
Address

Date of last appointment

D	D	M	M	Y	Y
---	---	---	---	---	---

8

**Medication**

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

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

9

**Additional information**

Patient's weight (kg)

--

Height (cms)

--

Details of smoking habits, if any

--

Number of alcohol units taken each week

--

Applicant's full name

--

Date of birth

D	D	M	M	Y	Y
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### 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, 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.

11. Doctor's details			
Name(s)			Surgery stamp:
Address			
<p><b>I certify</b> 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><b>I certify</b> 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><b>I declare</b> that the answers to all questions are true to the best of my knowledge and belief.</p> <p><b>I understand</b> 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	