SOUTH NORTHAMPTONSHIRE COUNCIL
Application for hackney carriage/private hire driver’s licence

Read these notes before you apply

General

1. You have held a full UK driving licence for at least 3 years. Also – in the council’s opinion – you must be someone who is ‘fit and proper’ to hold a licence.

2. When deciding applications we have to take account of the law that covers taxis and private hire vehicles, namely the Town Police Clauses Act 1874 and Part II of the Local Government (Miscellaneous Provisions) Act 1976.

3. We carry out Disclosure & Barring Service (DBS) and Driver & Vehicle Licensing Agency (DVLA) checks on everyone who applies; new applicants will have to pay a fee of £50 to cover these. This is included in the application fee.

4. If you are a new applicant you will have to pass five tests:
   - Safeguard Training which will involve Child Sex Exploitation – see point 8
   - a practical driving test (see point 9)
   - a DVLA group 2 medical, conducted by your general practitioner who has full access to your medical records (see points 11-13)
   - Spoken English Test (see points 14 – 15)
   - a knowledge test (see points 16 – 17).

5. To apply for a licence, you must make an appointment with the licensing office. Note: you will not be seen without an appointment.

6. You must bring to the appointment the following documents:
   - completed application (which is attached)
   - completed DBS form (this can be done upon appointment). DBS Certificates from other Authorities will not be accepted, however, if you are involved in school contracts and have already signed up to the update service, this decision will be at the officers discretion
   - completed group 2 medical; this must be completed by a doctor who has full access to your medical records. The medical will coincide with your badge (every time you renew your badge, a new medical will be needed). If you are over the age of 65 or have a serious medical condition, then a medical is required annually.
   - valid passport (and visas)
   - drivers licence (including an 8 digit code so your licence can be checked) [https://www.gov.uk/view-driving-licence](https://www.gov.uk/view-driving-licence)
   - recent proof of address i.e. utility bill, bank statement; a mobile phone bill will not be accepted.
   - evidence of your national insurance number
   - your practical driving test pass certificate
   - if you have been in the UK for less than five years, you will need to provide written proof from your embassy or consulate showing that you are of good character; this also applies if you have been out of the UK for 6 or more months consecutively in the last 5 years
   - a new full 3 year licence is £290 including the DBS check and 2 attempts at the knowledge test and £40 each time thereafter or £200 for a renewal plus DBS if you have not registered for the online update service.

You must bring in all of these documents. If you fail to produce any of them, we will not be able to deal with your application.
Payment

7. We accept card or cheque. The licence fee is set by the Council and it may change from time to time. If the fee is due to change then you will be informed of this in writing prior to it happening.

Safeguarding Training

8. The council will contact you with the details of the course once your licence has been granted. The cost of this is £30.

Practical Driving Test

9. New applicants must pass this test before submitting their application. You must arrange and pay for the test yourself (further details can be found at

http://www.advancedmotoring.co.uk/ 020 8253 0120
https://www.bluelamptrust.org.uk/ 0300 777 0157
http://www.iamroadsmart.com/ 020 8996 9600
http://www.greenpenny.co.uk/ 0330 111 7230

We will accept a pass certificate as long as it is less than 12 months old.

10. Existing drivers may also be required to pass the test if they are reported for driving in an inappropriate manner.

Medical Examination

11. Before we can deal with your application, you must have had a Group 2 medical examination. This must be done by a doctor who has access to your full medical records; this will usually be your general practitioner. They will need to examine you and fill in the attached confidential medical questionnaire. You have to arrange and pay for this examination yourself, and you must bring the completed form, along with your other documents to your appointment at the council offices.

12. If you already have a Group 2 medical certificate which is less than 12 months old, we can accept this.

13. The medical will be valid for the period of your licence; unless you are over the age of 65 or have a medical condition. If you are required to have a medical annually, it is your responsibility to remember when this is due; you will not be reminded.

Spoken English test

14. The English test can be taken in advance of submitting an application or at the time of submission of an application. The licensing officers will get you set up and provide you with the test materials; you will then have approximately 20 minutes to complete the test.

15. You have to pay a fee of £40, which covers you for the first tests. If you need to take the test again, you must pay another £40 each time;

Once the practical driving, medical and spoken English tests have been completed and passed your application will be processed, this should take no longer than 60 minutes.
Knowledge Test

16. After submitting an application all new applicants will have to take a knowledge test. This is made up of:
   - reading and writing instructions
   - answering questions on the Highway Code and taxi & private hire conditions (which are attached)
   - answering questions testing your basic knowledge of the South Northamptonshire District

17. If you do not pass the knowledge test first time, you will be able to rebook for the next available test; you will be required to produce photo ID before taking the test

If you have still not passed after 6 attempts within 6 months of your application being submitted your application will be rejected.

Renewing your licence

18. Your licence will stay in force until the ‘expiry date’ shown, unless you surrender it, or it is revoked or suspended.

19. You must apply to renew your licence before the expiry date. If you do not, we will have to treat it as a new application, this means that you will have to start the whole process again.

Criminal convictions

20. In accordance with the conditions attached to the licence, new applicants, existing holders of a driver licence and operator licence holders are required to notify the licensing department of the Council in writing, by letter or email within 7 days of his/her being:
   - Arrested or requested to voluntarily attend a police station for interview or formal questioning;
   - Administered with a caution, binding over, reprimand or final warning;
   - Charged with an offence or summoned to court;
   - Convicted of an offence;
   - Issued with a Fixed Penalty Notice;
   - Receiving a DVLA driving licence endorsement;
   - The subject of any civil proceedings, orders or injunctions.

The law allows us to check to see if you have a criminal record and to find out the details. We will keep any information we receive strictly confidential while we are making our decision, and we will only keep the information as long as we need to.

We do not accept DBS disclosures from other organisations.

**NOTE:** IF YOU FAIL TO REGISTER TO THE DBS UPDATE SERVICE, THERE MAY BE A DELAY IN YOUR LICENCE BEING ISSUED AT THE RENEWAL STAGE.

21. Telling us about anything outlined in section 20 will not automatically stop you getting a licence; unless we consider that the information means you are not a ‘fit and proper’ person to hold a licence. To see the criteria regarding previous convictions, follow this link www.southnorthants.gov.uk

If you would like to discuss the effect of anything declared in section 20, please call 01327 322278 for advice.
Penalty point scheme

22. The council has a penalty point scheme. This is intended to make drivers and operators more aware of their duties under the law; and the Council’s conditions for drivers, vehicles and private hire operators. To view the taxi policy for more information on the scheme, click on the following link www.southnorthants.gov.uk

Right of appeal

Any persons aggrieved by the refusal of the Council to grant a licence or by any conditions attached to it, may appeal to a Magistrates Court within 21 days of notification by the Council.

Service standards – taxi licensing

The licensing team deal with many licences in addition to those relating to the taxi trade. Therefore an appointment system is in place and drivers, vehicle owners and operators will only be seen on Tuesdays, Wednesdays and Thursdays between 10.00am and 4.00pm. In exceptional circumstances, appointments may be arranged at other times.

The Licensing team can be contacted between 09:00am and 4.00pm Monday to Friday by:

Telephone: 01327 322278
Email: licensing@southnorthants.gov.uk

Please ensure that when leaving a message, you provide your name, contact number and the reason for your call. If the office does not have this information, your call will not be returned

The licensing department aim to:-

• issue a hackney carriage/private hire driver’s licence within five working days of the application process being satisfactorily completed;
• issue a hackney carriage/private hire vehicle licence within five working days of the date of receipt of a complete and valid application;
• issue a temporary hackney carriage/private hire vehicle licence within two working days of the date of receipt of a complete and valid application;
• issue a private hire operator’s licence within five working days of the application process being satisfactorily completed;
• respond to complaints within two working days. If a complainant is dissatisfied with the outcome of their complaint, they will be referred to the council’s corporate complaints procedure;
• jointly enforce the Cherwell/South Northamptonshire Council/Milton Keynes Council enforcement policy, whereby officers from both councils are authorised by the other council;
• keep the taxi and private hire trade informed about any changes to fees and charges;
• keep the taxi and private hire trade informed about any changes in the law;
• ensure that information held on files and databases is only disclosed to other agencies in accordance with data protection law and where there is a legal obligation to do so.
LICENSING - Privacy Notice

LICENSING

What is Licensing?
Administering, enforcing and regulating licences, registrations, permits and related permissions (called “authorisations”) within the remit of the Licensing service

Contact details specific to service
If you have any queries that are specific to Licensing please contact us via the following:
licensing@southnorthants.gov.uk.

How we use your information for Licensing
The information we request is only used for the intended licensing purpose but if we intend to use it for any other purpose we will normally ask you first. In some cases, the Council may use your information for another purpose if it has a legal duty to do so, to provide a complete service to you, to prevent and detect fraud, or if there is a risk of serious harm or threat to life.

Who will have access to my personal data?
Information is shared with other regulatory and enforcement authorities including, but not limited to, other Council services; the police; HM Revenues and Custom; Home Office Immigration; NHS services, and other local authorities when allowed to by law for the purposes of the administration and enforcement of authorisations, and for the purposes of the prevention and detection of crime, public safety, public health, protection of the environment and prevention of fraud.

Certain information about authorisations (including in particular your name and the address of any premises to which an authorisation applies) may be published on a public register on our website when we are required to by law. Authorisations that have to be determined by our Councillors will be published in minutes on our website.

What information is processed?
We collect confidential personal information where required by law including names; addresses; dates of birth; contact details; details of qualifications and occupations; nationality; ownership of land, premises or property; previous criminal convictions; medical status; bank account and other financial account details; details of family and other relationships where necessary.

Retention period
All information will usually be retained in line with current Council retention policies. Some information, for example criminal conviction information relating to an application for an authorisation will be disposed of as soon as the relevant decision has been made in relation to that application.

We will keep information about any enforcement action we take for three years from the date of the enforcement. Enforcement action means but may not be limited to warnings, requirements, simple cautions, statutory notices, or prosecutions.

Summary of rights
You have a number of statutory rights to the information we hold on you, which include access, these are explained in the “Summary of the data subject’s rights” section of our website found under https://www.southnorthants.gov.uk/privacy-and-cookies this page includes the councils privacy policy.
Alternatively you can request this information by email: informationgovernance@southnorthants.gov.uk

Or by post:
The Information Governance Team
South Northamptonshire Council
The Forum
Moat Lane
Towcester
NN12 6AD
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South Northamptonshire Council  
Application form for a hackney carriage / private hire driver’s licence

Please make sure that you answer all the questions, otherwise your application may be delayed.

In order for The Council to process your data for the aforementioned purpose, we are required to have your consent. By providing your consent, your rights under current data protection legislation are unaffected.

By ticking this box, I give my consent for The Council to process my data for the purposes of processing the attached application and any future enforcement. ☐

Name __________________________________________
Address: ________________________________________
___________________________________________
___________________________________________
Home Telephone: ________________________________
Mobile Telephone: _______________________________
Email: _________________________________________
Date of Birth __________________________________
N.I Number _____________________________________
DVLA Check Code ______________________________

Please answer the following questions:

1. Do you have a full UK driving licence?  Yes ☐ No ☐
   If yes, how long have you held this licence for? ______________________________________

2. Do you have any penalty points on your DVLA Licence?  Yes ☐ No ☐
   If yes, how many? ______________________________________

   Please give the details of the endorsement in section 6

3. Have you ever held a hackney carriage or private hire licence?  Yes ☐ No ☐
   If yes, which Council(s) were/are you licensed with? ______________________________________

4. Have you ever had a hackney carriage or private hire licence suspended or revoked?  Yes ☐ No ☐
   If ‘Yes’ please give details here ______________________________________

5. Have you ever had an application for a hackney carriage or private hire licence refused by this or any other Council?  Yes ☐ No ☐
   If ‘Yes’ please give details here ______________________________________
6. Have you been:

Arrested or requested to voluntarily attend a police station for interview or formal questioning
Yes ☐ No ☐

Administered with a caution, binding over, reprimand or final warning;
Yes ☐ No ☐

Charged with an offence or summoned to court;
Yes ☐ No ☐

Convicted of an offence;
Yes ☐ No ☐

Issued with a Fixed Penalty Notice;
Yes ☐ No ☐

Received a DVLA driving licence endorsement;
Yes ☐ No ☐

The subject of any civil proceedings, orders or injunctions?
Yes ☐ No ☐

If ‘yes’ to any of the above please give details below

<table>
<thead>
<tr>
<th>Date of Offence</th>
<th>Particulars of Offence</th>
<th>Order of Court/Fixed Penalty/Fine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Do you consider yourself to have a disability:
Yes ☐ No ☐

The Disability Discrimination Act describes a disabled person as ‘anyone with a physical or mental impairment, which has a substantial and long term effect upon their ability to carry out normal day to day activities’. This definition includes physical and mental disability including sensory impairment, mental illness, learning difficulties, HIV, cancer and multiple sclerosis.

8. If you are granted a licence, who will you work for?
Operator: _____________________________
Location: ____________________________
Telephone Number: ____________________

Documents Checklist:

Please ‘tick’ each box.
☐ Completed application form
☐ Drivers licence card and 8 digit code
☐ Valid Passport & VISA
☐ If you have been in the UK for less than 5 years, written proof from your embassy or consulate showing that you are of good character. This also applies if you have been out of the UK for 6 or more months consecutively in the last 5 years

☐ Written proof of your right to work in the UK (under Section 8 of the Asylum and Immigration Act 1996)

☐ National insurance number

☐ Recent proof of address

☐ Practical Driving Test Certificate (New drivers only)

☐ Licence fee

☐ Group 2 Medical

☐ 1 up to date photo (done within the last 12 months)

**NOTE:** **YOU WILL NOT BE SEEN IF YOU DO NOT HAVE THESE DOCUMENTS**

**Declaration:**

Once you have ticked the checklist to ensure you have all correspondence required please sign the declaration below:

I confirm that I have read and understood the form and the explanatory notes.

I apply for a hackney carriage and private hire driver’s licence. To the best of my knowledge and belief, the information I have given on this application is true and complete.

I also declare that I am able to fulfil the duties of a private hire and hackney carriage driver to the public, and that I will keep to the conditions attached to the licence.

I have read the licence conditions and am aware of the relevant provisions relating to taxi licensing in the Local Government (Miscellaneous Provisions) Act 1976.

I understand that if I make a false statement or left out any relevant information when making this application; I will have committed an offence and could be prosecuted. I also agree to this information being shared under the Data Protection Act.

Information about your application may be shared with government departments, the Department of Work and Pensions, HM Revenue and Customs, the Police and others.

**Applicants Signature**

Date

**DBS and DVLA Consent:**

I hereby give my consent to the licensing officers at South Northamptonshire Council to request my online DBS log in details or 8 digit DVLA code at any time during the period of this licence in order to check my current status should they be required to do so:

**Name**

**Date of Birth**

**Last enhanced DBS certificate number**

**Signature**

South Northamptonshire Council adheres to the General Data Protection Regulation and will follow the regulation when dealing with any information we received.
The Update Service

Save money, join now

- Apply online, it’s quick and easy
- No need to re-apply if you need multiple checks within the same workforce, where the same level and type of check is required
- Keep your certificate up to date for only £13 per year – free for volunteers
- You can even renew annually

Don’t miss out

- Join at the earliest opportunity – register when you apply for your DBS check
- If you wait until after you’ve received your certificate you’ll have 30 calendar days from the date it was issued

Here’s how

- Note your application form number, this can be found in the top right hand corner of the form: 
- Use the application form number to join the Update Service at www.gov.uk/dbs-update-service
- When you register, note your Update Service ID number and keep it safe: 
- You can also use your application form number to track the progress of your DBS check application at www.gov.uk/dbs
Important information

Before answering question e55 on the DBS application form follow these simple steps

Do you need to answer ‘yes’ to question e55?

✓ If you have criminal convictions, read the criminal conviction filtering guidance at www.gov.uk/government/collections/dbs-filtering-guidance before answering question e55

✓ Make sure you understand what e55 is asking and that you’re sure of how to answer the question

✓ Be sure you’re not sharing information about your criminal information that you’re not required to

✓ Check the list of offences that will be filtered so you’re informed about whether to disclose your criminal information

Why is it important to read this guidance?

On 29 May 2013 legislation came into force that allows certain old and minor convictions to no longer be subject to disclosure – you need to understand how this affects you and whether you need to disclose your criminal information.

Certain old and minor convictions will be filtered out and no longer disclosed on a certificate.

All cautions and convictions for specified serious violent and sexual offences, and other specified offences concerned with safeguarding children and vulnerable adults, will remain subject to disclosure.

To be sure of how this affects you, make sure you read the DBS filtering guidance before answering question e55 on the application form.

Visit our website www.gov.uk/dbs and search for our filtering guidance.
If you cannot complete route 1 or 2 in producing your identification you must be able to provide your birth certificate and 4 further documents from group 2a and 2b. Please be aware you may need to be fingerprinted if you cannot provide these documents.

<table>
<thead>
<tr>
<th>Can you produce any document from group 1?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YES – Route 1</strong></td>
</tr>
</tbody>
</table>

3 Documents must be seen:
One document from group 1
Plus any two from groups 1 and 2a or 2b. One of which must verify their current address.

**NOTE – Non-UK/Non-EEA Nationals:**
All Non-UK/Non-EEA Nationals should be validated via Route One by supplying the following combination of documents: Current Passport; and Biometric Residence Permit OR Work Permit/Visa (UK); and 1 further document from Group 2a or 2b (refer to list of Valid Identity Documents), which verifies their current address.

If the applicant has satisfied this route, then the document check is complete.
If you cannot produce a Group 1 document then go to Route Two.

<table>
<thead>
<tr>
<th>NO – Route 2</th>
</tr>
</thead>
</table>

Must produce 3 documents from group 2:
1 document from group 2a
2 documents from 2a or 2b
One of which must verify your current address.

<table>
<thead>
<tr>
<th>NO – Route 3</th>
</tr>
</thead>
</table>

Must produced:
A certified copy of a UK birth certificate
4 further documents from group 2 comprising of:
1 document from group 2a AND
3 further documents from group 2a or 2b.
One of which must verify current address.

If you fail to provide the documents to verify your identification you may need to go for finger printing.
This may add a delay to the overall application process

<table>
<thead>
<tr>
<th>Group 1 – Primary Trusted Identity Credentials</th>
<th>Group 2a – Trusted Government/State issued documents</th>
<th>Group 2b – Financial / Social History Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Valid Passport</td>
<td>Current UK Driving Licence (photo card &amp; counterpart or the old style paper version)</td>
<td>Mortgage Statement (UK) **</td>
</tr>
<tr>
<td>Biometric Residence Permit (UK)</td>
<td>Birth Certificate – (UK &amp; Channel Islands) Must be issued within 12 months of birth</td>
<td>Bank/ Building society Statement (UK) *</td>
</tr>
<tr>
<td>Current driving licence (UK) (Must be presented with Counterpart)</td>
<td>Marriage/ Civil Partnership certificate (UK)</td>
<td>Bank/ Building society Account Opening Confirmation Letter (UK) *</td>
</tr>
<tr>
<td>Birth Certificate – (UK &amp; Channel Islands) Must be issued within 12 months of birth</td>
<td>Adoption Certificate (UK)</td>
<td>Credit Card Statement (UK) *</td>
</tr>
<tr>
<td></td>
<td>HM Forces ID Card (UK)</td>
<td>Financial Statement (Pension, Endowment, ISA (UK)) **</td>
</tr>
<tr>
<td></td>
<td>Fire Arms Licence (UK)</td>
<td>P45/P60 Statement (UK &amp; Channel Islands) **</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Council Tax Statement (UK &amp; Channel Islands) **</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Work Permit/Visa (UK) (UK Residence Permit **</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Utility Bill (UK) – NOT MOBILE TELEPHONE *</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Benefit Statement (Child Allowance, Pension) *</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Document from Central/ Local Government/ Government Agency/ Local Authority giving entitlement (UK &amp; Channel Islands) eg. From the department for work &amp; pensions, Employment Service, Customs &amp; Revenue, Job Centre, Job Centre Plus, Social Security *</td>
</tr>
</tbody>
</table>
If the document in the list of valid identity documents is:
Denoted with * it should be less than 3 months old
Denoted with ** it should be issued within the past 12 months
No Denoted – it can be more than 12 months old.

THE BELOW DOCUMENTS CAN NOT BE USED AS ID AND WILL NOT BE ACCEPTED
21 Documents have been removed for the current approved acceptable documents list. These are:

- NHS Card (UK)
- National Insurance Card UK
- Exam Certificate
- TV Licence
- Insurance certificate
- Disclosure of Scotland Certificate
- CRB Certificate
- Vehicle Registration Document
- Addressed Payslip
- General Medical Council Certificate
- Connexions Card
- Mail Order Catalogue Statement / Card Statement
- Store Card Statement
- Court Claim Form (UK)
- Documentation issued by the Court Services
- Mobile Phone Bill
- Convention Travel Document (CTD) Blue
- Certificate of Identity (CID) Brown
- Stateless Persons Document (SPD) Red
- Application Registration Card (ARC)
- Certificate of British Nationality (UK)
Dear Sir/Madam

The Licensing Department have recently reviewed the guidance information provided for all Knowledge and Safeguarding test candidates.

We would suggest that applicants physically visit key areas in the South Northants area to extend their knowledge of the district, as this is the best way to familiarise themselves with the buildings, roads and areas that you are likely to be tested on.

I would remind you that you should read through the various information and leaflets that have been provided within your application pack, however in addition, you may also find the following information and links helpful;

Highway Code
https://www.gov.uk/browse/driving/highway-code

www.gov.uk

Northampton County Council Schools
http://www3.northamptonshire.gov.uk/councilservices/children-families-education/schoolsand-education/schools/Pages/default.aspx

Ordnance Survey Mapping
http://www.ordnancesurvey.co.uk/oswebsite/opendata/viewer

The opening screen will show the UK as a whole, but if you search for Towcester for example it will zoom in and you can then pull the map up/down/side-to-side so that you can view the whole of Towcester. You can do the same for Brackley and the other villages.

South Northants Council website: https://www.southnorthants.gov.uk/info/3/leisure-and-culture

The Knowledge and Safeguarding test consists of 35 points; you will need to achieve 80% to pass.
Question papers will have a mixture of multiple choice and short answer questions. Some papers will include questions that require more than one answer, please ensure that you read the question carefully and fully before answering.

I trust that this information will help you with your revision for your knowledge test.

Yours faithfully

Nicholas Sutcliffe
Licensing Manager
Medical examination report
for a Group 2 (lorry or bus)
licence

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

For information about completing the form read the leaflet INF4D.
This is also available at www.gov.uk/reapply-driving-licence-medical-condition

Your details (applicant)

Name

Full address

Daytime phone number __________________ Date of birth __________________

Email address

Date first licensed to drive a lorry (if known) __________________

Date first licensed to drive a bus (if known) __________________

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 ________________

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) [ ] [ ] [ ]

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 [DDMMYYYY]

Please provide your GOC, HPC or GMC number [ ]

Doctor/optometrist/optician's stamp [ ]

Applicant's full name [ ]

Date of birth [DDMMYYYY]

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

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.

1. Has the applicant had any form of seizure?
   (a) Has the applicant had more than one attack?
   (b) Please give date of first and last attack
      First attack  D D M M Y Y
      Last attack  D D M M Y Y
   (c) Is the applicant currently on anti-epileptic medication?
      If Yes, please fill in current medication in section 8, page 7
   (d) If no longer treated, please give date when treatment ended  D D M M Y Y
   (e) Has the applicant had a brain scan?
      If Yes, please give details in section 6, page 6
   (f) Has the applicant had an EEG?
      If Yes to any of above, please supply reports if available.

2. Stroke or TIA?

   If Yes, please give date  D D M M Y Y
   Has there been a FULL recovery?
   Has a carotid ultra sound been undertaken?
   If Yes, was the carotid artery stenosis >50% in either carotid artery?
   Has there been a carotid endarterectomy?

3. Sudden and disabling dizziness/vertigo within the last year with a liability to recur?

4. Subarachnoid haemorrhage?

5. Serious traumatic brain injury within the last 10 years?

6. Any form of brain tumour?

7. Other brain surgery or abnormality?

8. Chronic neurological disorders?

9. Parkinson’s disease?

10. Is there a history of blackout or impaired consciousness within the last 5 years?

11. Does the applicant suffer from narcolepsy?

2. Diabetes mellitus

Does the applicant have diabetes mellitus?

Yes  No

If No, go to section 3, page 4
If Yes, please answer all the questions below.

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

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

3. Is there any evidence of impaired 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

5. Is there evidence of:
   (a) Loss of visual field?
   (b) Severe peripheral neuropathy, sufficient to impair limb function for safe driving?
      If Yes to any of 4-5 above, please give details in section 6, page 6

6. Has there been laser treatment or intra-vitreal treatment for retinopathy?

Yes  No

If Yes, please give date(s) of treatment.

Applicant’s full name

Date of birth  D D M M Y Y
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
   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 D D M M Y Y

2. Acute coronary syndrome including myocardial infarction?  
Yes No
   If Yes, please give date D D M M Y Y

3. Coronary angioplasty (P.C.I.)?  
Yes No
   If Yes, please give date of most recent intervention D D M M Y Y

4. Coronary artery by-pass graft surgery?  
Yes No
   If Yes, please give date D D M M Y Y

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 D D M M Y Y
   (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

C 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
   D D M M Y Y

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 D D M M Y Y
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? (not pulmonary embolism)  Yes No
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

Cardiac investigations

Have any cardiac investigations been undertaken or planned?  Yes No
If No, go to section 5
If Yes, please answer all questions

1. Has a resting ECG been undertaken?  Yes No
   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.
   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.
   (b) If undertaken, is/was the left ejection fraction greater than or equal to 40%?  Yes No
   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.
   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.
   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.
   Please provide relevant reports if available

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

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

   Yes No

2. Is the applicant on anti-hypertensive treatment?  Yes No
   If Yes, please provide three previous readings with dates if available

   D D M M Y Y
   D D M M Y Y
   D D M M Y Y

Applicant's full name

Date of birth D D M M Y Y
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. DVLDA 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 □ D □ D □ M □ M □ Y □ Y □ Yes □ No
   (ii) Is it controlled successfully? □ Yes □ No
   (iii) If Yes, please state treatment
   (iv) Is applicant compliant with treatment? □ Yes □ No
   (v) Please state period of control
   (vi) Date of last review □ D □ D □ M □ M □ Y □ Y

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, 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 □ D □ D □ M □ M □ Y □ Y

6
7 Consultants' details
Details of type of specialist(s)/consultants, including address.

Consultant in
Name
Address

Date of last appointment  

Consultant in
Name
Address

Date of last appointment  

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

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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

10 Examining doctor's signature and stamp
To be completed by the doctor carrying out the examination. Please ensure all sections of the form have been completed. The form will be returned to you if you don’t do this.

I confirm that this report was completed by me at examination. I also confirm that I am currently GMC registered and licensed to practice in the UK or I am a doctor who is medically registered within the EU, if the report was completed outside of the UK.

Signature of practitioner

Date of signature

Doctors stamp

Date of birth
This page must be completed by the applicant
Applicant’s consent and declaration

You **must** fill in this section and must **not** alter it in any way.
Please read the following important information carefully then sign to confirm the statements below.

**Important information about consent**

As part of the investigation into your fitness to drive, we (DVLA) may require you to have a medical examination or some form of practical assessment. If we do, the people involved will need your background medical details to carry out an appropriate assessment. These may include doctors, orthoptists at eye clinics or paramedical staff at a driving assessment centre. We will only release information relevant to the assessing your fitness to drive will be released. Also, where the circumstances of your case appear exceptional, the relevant medical information would need to be considered by one or more members of the Secretary of State’s Honorary Medical Advisory Panels. The membership of these Panels conforms strictly to the principle of confidentiality.

**Consent and declaration**

I authorise my doctor(s) and specialist(s) to release reports/medical information about my condition relevant to my fitness to drive, to the Secretary of State’s medical adviser.

I authorise the Secretary of State to disclose such relevant medical information as may be necessary to the investigation of my fitness to drive, to doctors, paramedical staff and panel members.

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.

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

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I authorise the Secretary of State to:

- Inform my doctors about the outcome of my case
- Release reports to my doctor(s)

**Check list**

- Have you signed and dated the consent and declaration?  
  [ ]

- Have you checked that the report has been fully filled in by the optician/doctor and all relevant hospital notes have been enclosed?  
  [ ]

**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.**