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| New Dual Driver Applicant |

**Legal & Democratic Services**

**Beech Hurst  
Weyhill Road**

**Andover, Hampshire SP10 3AJ  
Telephone 01264 368000**

**DX 123080 Andover 6**

**Fax 01264 368005  
Minicom 01264 368052  
Web site** [**www.testvalley.gov.uk**](http://www.testvalley.gov.uk)

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| **Contact:** | The Licensing Team |
| **Telephone:** | 01264 368000 |
| **E-mail:** | licensing@testvalley.gov.uk |
| **Your ref:** |  |
| **Our ref:** |  |
| **Date:** |  |

Dear Applicant

Application for Hackney Carriage/Private Hire Drivers (Dual) Licence - Application Pack and Important Information.

You should apply to Test Valley Borough Council for a Hackney Carriage/Private Hire Drivers (Dual) Licence if you wish to be able to work for a Test Valley licensed Private Hire Operator or a Test Valley Hackney Carriage Proprietor. Once licensed you will only be able to drive a Private Hire Vehicle or Hackney Carriage which is licensed by Test Valley Borough Council.

Once you submit your completed application forms along with the licence fee we will arrange an appointment with a Licensing Officer for an identity check, Right to Work check and to sign you up for a DVLA licence check. Please note that information on sitting the driver knowledge test and obtaining an Enhanced level Disclosure and Barring Service check will be provided at that time.

Once licensed you are not allowed to carry on work for any Operator or Hackney Carriage proprietor licensed outside of Test Valley unless you are either the holder of a Test Valley Operators Licence or a Hackney Carriage Proprietor and you have received a booking transferred from an Operator outside Test Valley Borough. Please note that at the present time Uber are **not** licensed to operate in Test Valley and so you should not apply to this Council if you wish to work for Uber.

If you have any further questions please contact the Licensing Team on 01264 368000 or licensing@testvalley.gov.uk prior to application.

Thank you

The Licensing Team

**Information for applicants**

Applicants must meet specific criteria in order to be considered for a licence and the council must be satisfied that an applicant is a ‘fit and proper’ person to hold a driver licence. Before you make an application you should consider whether you are able to fulfil the following criteria:

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|  | **Guidance & forms** |
| Applicants must complete and give to the council an application on the form provided and pay the current licence fee. | **Attached** |
| Applicants must have held a full driver’s licence for at least one year prior to the date of application and will be required to complete a data protection mandate authorising the council to confirm details of their driving history with the DVLA. The applicant will need an email address to set up an account.  (Holders of non-UK driving licences will be required to have registered their non-UK licence with the DVLA and once licensed to exchange this for a DVLA licence). | **Check will be arranged at interview (an email is needed)** |
| Applicants are required to disclose any criminal history by providing a Disclosure and Barring Service (DBS) enhanced criminal record certificate. The applicant will need an email address to set up an account. Non-UK applicants who have lived outside the UK must also provide a signed and sealed 'certificate of good conduct' from the embassy or consulate of all the countries in which they were born or have lived since the age of 10. | **Information will be provided at interview (an email is needed)** |
| Applicants will be required to undertake and pass a driver knowledge test which will assess their knowledge of the highway code, conditions of licence, licensing procedures, geographical knowledge of the borough and basic numeracy skills. | **Information will be provided at interview** |
| Applicants will be required to undertake safeguarding training provided by the Blue Lamp Trust and provide evidence of this before being licensed. Please book the classroom course via their web site <https://bluelamptrust.org.uk/safeguarding-classroom/> |  |
| Driver licences are issued subject to strict licence conditions. A copy of the current conditions are attached to these guidance notes and we recommend applicants read the driver licence conditions prior to making an application. | **Attached** |
| Applicants are required to undertake a medical examination and must meet the DVLA Group 2 medical fitness standards. | **Attached** |
| Applicants are encouraged to have read the Council’s Hackney Carriage and Private Hire Licensing Guidelines (Policy) available on the web site here [www.testvalley.gov.uk/business/licensingandregulation/licensing/taxi-licensing](http://www.testvalley.gov.uk/business/licensingandregulation/licensing/taxi-licensing) | **Available on the council’s website** |

If applicants have reason to believe there may be doubt on criminal grounds as to whether the council will grant their request for a driver’s licence, applicants are advised to contact the Licensing Team for further advice before applying.

**What do I need when I submit my application?**

Your application MUST be complete (see above).

Postal applications should be sent to The Licensing Team, Test Valley Borough Council, Beech Hurst, Weyhill Road, Andover SP10 3AJ.

Applications can also be submitted in person to the Council’s offices at Beech Hurst in Andover or the Former Magistrates Court in Romsey.

**What happens next?**

Once the required documentation is complete the licensing team will consider the application and decide whether to grant or refuse your driver’s licence

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Where a decision is made to **grant** the licence, the driver’s licence can be posted to the applicant directly. Alternatively, the applicant will be notified when their licence is ready for collection from the council offices.

Where a decision is made to **refuse** the licence the applicant will be notified in writing and provided the opportunity to appeal the decision to the Magistrates Court within 21 days.

**What standard of DBS disclosure and medical requirements are required for licensed drivers?**

To become a licensed private hire/hackney carriage driver with Test Valley Borough Council you will have to provide an enhanced level criminal records disclosure undertaken by the UK Disclosure and Barring Service. An enhanced disclosure lists all convictions including those that might ordinarily be spent under the terms of the Rehabilitation of Offenders Act 1974.

Information on how to obtain your DBS disclosure will be provided once we have received your completed application form and payment when you are invited to attend an interview with a Licensing Officer. Once you have received the Disclosure Certificate please bring the original to the council offices so that it can be checked.

In accordance with the council’s policy, all applicants must meet the DVLA Group 2 medical standards. Once a licence is granted the medical is required every five years from the age of 45 up to the age of 65, annually thereafter. The GP that carries out the medical must have access to the driver’s medical records. The medical form should be submitted with the initial application or, if you have to wait for a medical, returned to the licensing team as soon as possible after completion by the GP.

**How do I renew my driver’s licence?**

Drivers will usually be licensed for three years. A renewal reminder is sent by the Licensing Team 4 to 8 weeks before the licence is due for renewal, however it is the responsibility of the licence holder to ensure their licence is valid.

Renewal applications must be submitted at least 10 working days before the current licence expires. Failure to do so could mean the licence is not renewed before your current licence expires, and therefore you will be unable to drive licensed vehicles.

**New Private Hire Driver’s Licence Application Process**

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| **LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976** | TVBC logo (RGB) |

**Application to grant or renew a Dual Hackney Carriage/Private Hire Vehicle Driver’s Licence**

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| --- | --- |
| **Applicant’s full name** |  |
| **Present home address including post code** |  |
| **Date of birth** |  |
| **National Insurance number** |  |
| **Applicant’s telephone number** |  |
| **Email address** |  |
| **Name and address of Operator or Proprietor for whom working** |  |
| **Have you EVER been found guilty by a Court or cautioned or warned by the Police for any criminal or motoring offence or are there any prosecutions pending against you?** Please answer YES or NO and **if the answer is YES, give full details below (and continue on a separate sheet if necessary). See note 4 overleaf** | |
| **Conviction date Court Offence Sentence** | |
| **Has any Driver’s Licence granted to you been revoked or suspended by the Borough Council or any other Council?** Please answer YES or NO and if YES, please give details |  |
| **Has any application for a Driver’s Licence by you been refused by the Borough Council or any other Council?** Please answer YES or NO and if YES, please give details |  |
| **Have you ever lived overseas for any time since the age of 10?** Please answer YES or NO. If the answer is Yes see note 5 overleaf |  |

**Please read the notes below before signing and returning this form to**

**Licensing Section, Legal and Democratic Service, Test Valley Borough Council, Beech Hurst, Weyhill Road, Andover SP10 3AJ**

I hereby declare that to the best of my knowledge and belief the answers given above are true. I hereby apply for a Licence to drive a Private Hire Vehicle and/or Hackney Carriage within the Borough of Test Valley subject to the above Act and the Conditions with respect to Hackney Carriages and Private Hire Vehicles applying within the Borough.

This Authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided for the prevention and detection of fraud.  We may also share this information with other bodies responsible for auditing and administering public funds for these purposes.  Without identifying you, we may also use this information to help us plan and improve our services.  For further information please visit our website www.testvalley.gov.uk

Signed………………………………………………….. ………….. Date………………………

A Licence, if granted, will remain in force for a period of no more than three years unless otherwise suspended or revoked. The driver ID badge may be issued for a shorter period of time e.g. until such time as you are required to submit a further medical, DBS check, etc.

**Please read the following notes before making your application**

1. You may not drive at any time a hackney carriage or private hire vehicle licensed by Test Valley Borough Council unless you have been granted a hackney carriage/private hire vehicle driver’s licence by the Council.
2. To make an application for a driver’s licence you must be aged 18 or over and have held a full DVLA driving licence or equivalent from a European Community country for at least 12 months. Please provide your driving licence when applying. If you hold an equivalent licence from another country you will need to apply to transfer this into a UK licence issued by DVLA before we approve your application. You will be asked to give consent to allow the Council to obtain a copy of your driving licence record from the DVLA upon initial application and then renew the consent every three years. If you move address you must inform DVLA and the Licensing Team.
3. You will be required to obtain a medical report from your medical practitioner or a practitioner that has access to your medical records. The report must show that you meet the DVLA Group 2 medical standard. The report is required for all new applicants and then when a driver reaches the age of 45, 50, 55, 60 and 65. From age 65 onwards a medical report is required every year. You will be responsible for the costs associated with obtaining a medical report. If you have a current medical report as a result of applying for a LGV or PCV licence then you do not need to provide a further report as long as proof of the current medical can be provided to the council.
4. You will be required to provide an enhanced criminal records disclosure from the Disclosure & Barring Service (DBS). A disclosure must be provided upon initial application and then every three years. If you are subscribed to the DBS Update Service, please provide the details to allow a check to be made. If you do not have a current disclosure, details on how to obtain one will be provided upon receipt of your application. Please note that the Rehabilitation of Offenders Act 1974 does not apply in respect of these applications and **you are required to disclose all findings of guilt and cautions for criminal or motoring offences. Once the applicant receives the disclosure certificate it must be brought to the council’s offices so a copy can be taken.** Once an initial disclosure has been obtained, drivers can subscribe to the DBS Update Service for future checks. The DBS check fee is paid separately to the check provider.
5. Any applicant that has at any time since the age of 10 lived outside of the United Kingdom must obtain the equivalent of a criminal records check or letter of good conduct from the country concerned. Asylum seekers granted permanent residence in the United Kingdom who are unable to provide such documentation will only be able to apply once they have resided in the United Kingdom for ten years.
6. All new applicants (and existing drivers who have not previously been checked) will be required to provide documentation showing that you have the right to work in the United Kingdom in accordance with the Immigration Act 2016.
7. Every new applicant will be required to sit a written knowledge test based on your knowledge of the topography of the Borough and the responsibilities of a licensed driver. The test will take approximately one and a half hours and you will be sent further details once your completed application is received by the council
8. You will be required to provide two recent passport size photos of yourself.
9. A fee is payable when your application is submitted. Payments can be made by cheque or debit card. Cheques must be made payable to Test Valley Borough Council. Debit card payments can be made by telephoning 01264 368000 and speaking with a Customer Services Advisor; credit cards cannot be accepted. Current fees are as follows:

|  |  |  |
| --- | --- | --- |
|  | 1 YEAR | 3 YEAR |
| NEW | £87.00 | £100.00 |
| RENEWAL | £60.00 | £87.00 |

1. As from 1 May 2021 all new drivers (and operators) will be required to have undergone safeguarding training before being licensed. Existing drivers and operators should have already completed training and any that have failed to do so by the time of their renewal will have their licences suspended, not renewed or revoked until such time as training has taken place. You must undertake the classroom course provided by the Blue Lamp Trust which can be booked here https://www.bluelamptrust.org.uk/safeguarding-classroom/
2. Under the terms of the Deregulation Act 2015 the Council will only ordinarily issue a three-year licence. You can apply for an annual licence but may need to provide justification as to why you do not wish to apply for a three-year licence.

The following rights of appeal are provided by the Local Government (Miscellaneous Provisions) Act 1976:

* Appeal against refusal to grant a Private Hire Vehicle Driver’s Licence, or conditions imposed on such a licence: section 52
* Appeal against refusal to grant a Hackney Carriage Driver’s Licence: section 59.

The statutory rights of appeal in connection with Driver Licences are to the Magistrates Court. These appeals can be both against a refusal to grant or renew a licence, and in respect of a decision to suspend or revoke a licence that is in existence, as well as a right to appeal against any conditions which may have been imposed on any such licence by the Local Authority.

However, of course, in all such cases, in the first instance, any aggrieved person should contact the Licensing Authority.

**FOR OFFICE USE ONLY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NEW APPLICATION** |  | **OR** | **RENEWAL APPLICATION** |  |

**PHOTOS DRIVER LICENCE DRIVER CHECKLIST**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2 FOR ALL APPLICATIONS Name on back** |  |  |  |  | **FOR NEW APPLICATIONS (List of must and must not)** |  |

**MEDICALS**

|  |  |
| --- | --- |
| **ALL NEW APPLICATIONS, RENEWALS AT AGE 45, 50, 55, 60, & 65 AND THEN AFTER 65 ANNUALLY** |  |

**DBS Enhanced criminal records check**

|  |  |
| --- | --- |
| **ALL NEW APPLICATIONS AND THEN RENEWAL AFTER 3 YEARS. NB, YOU MUST SEE ORIGINAL AND THEN SEND SCANNED COPY TO LICENSING**  **If does not have a current check then information on obtaining one will be provided after receipt of application** |  |

**GBG/FADV (DVLA check) ALL NEW APPLICATIONS AND RENEWAL AFTER 3 YEARS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CUSTOMER TO COMPLETE (IF THEY HAVE EMAIL ADDRESS)** |  | **OR** | **CUSTOMER TO SIGN CONSENT FORM (IF NO EMAIL ADDRESS)**  **Send scanned form to Licensing** |  |

**RIGHT TO WORK check**

|  |  |
| --- | --- |
| **ALL NEW APPLICATIONS AND THEN RENEWAL ONLY IF REQUESTED**  **CUSTOMER TO PRODUCE ONE PIECE OF ID AS PER LIST** |  |

**FEES PAID**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NEW** | **£87 (1 yr)** |  | **£100 (3 yr)** |  | **RENEWAL** | **£60 (1 yr)** |  | **£87 (3 yr)** |  |

All fees are reduced by £71 if a current i.e. less than six months old enhanced level criminal records disclosure is provided by the applicant

**Customer Services Adviser initials ………………………. Date …………**

# TVBC logo (RGB)

# Immigration Act 2016 – Right to work checks

From 1 December 2016, **all** applicants for the grant or renewal of a hackney carriage/ private hire driver licence and private hire vehicle operator licence **must** produce evidence of his or her right to work in the UK.

This duty has been imposed on Test Valley Borough Council under the Immigration Act 2016 and will apply to all hackney carriage and private hire vehicle drivers and private hire operators regardless of how long they may have held their licence.

Your right to work in the UK will be checked as part of your licence application and this could include the licensing authority checking your immigration status with the Home Office. You must therefore provide a document or document combination that is stipulated as being suitable for this check. The list of documents is set out below (**List A** and **List B**).

You must attend at the Council Offices at Beech Hurst, Andover or the Former Magistrates Court, Romsey and provide the original document(s), such as a passport or biometric residence permit as indicated in the published guidance, so that the check can take place.

The document will be checked in your presence. The document(s) will be copied and the copy retained by the licensing authority. The original document will be returned to you.

Your application will not be considered valid until **all** the necessary information and original document(s) have been produced and the relevant fee has been paid.

If you produce a document from **List A** below, you will not be required to produce the document again at any subsequent renewal for the purposes of the Immigration Act 2016.

However, if there are restrictions on the length of time you may work in the UK, your licence will not be issued for any longer than this period. In such circumstances the check will be repeated each time you apply to renew or extend your licence.

# List A – if there are no restrictions on your right to work in the UK

***List A*** *contains the range of documents which must be produced if you have a permanent right to work in the UK. Once this check has taken place it will not need to be repeated when you subsequently apply to renew your licence.*

1. A passport showing the holder, or a person named in the passport as the child of the holder, is a British citizen or a citizen of the UK and Colonies having the right of abode in the UK.
2. A passport or national identity card showing the holder, or a person named in the passport as the child of the holder, is a national of a European Economic Area country or Switzerland.
3. A Registration Certificate or Document Certifying Permanent Residence issued by the Home Office to a national of a European Economic Area country or Switzerland.
4. A Permanent Residence Card issued by the Home Office to the family member of a national European Economic Area country or Switzerland.
5. A **current** Biometric Immigration Document (Biometric Residence Permit) issued by the Home Office to the holder indicating that the person named is allowed to stay indefinitely in the UK, or has no time limit on their stay in the UK.
6. A **current** passport endorsed to show that the holder is exempt from immigration control, is allowed to stay indefinitely in the UK, has the right of abode in the UK, or has no time limit on their stay in the UK.
7. A **current** Immigration Status Document issued by the Home Office to the holder with an endorsement indicating that the named person is allowed to stay indefinitely in the UK or has no time limit on their stay in the UK, **together with** an official document giving the person’s permanent National Insurance number and their name issued by a Government agency or a previous employer.
8. A **full** birth or adoption certificate issued in the UK which includes the name(s) of at least one of the holder’s parents or adoptive parents, **together with** an official document giving the person’s permanent National Insurance number and their name issued by a Government agency or a previous employer.
9. A birth or adoption certificate issued in the Channel Islands, the Isle of Man or Ireland, **together with** an official document giving the person’s permanent National Insurance number and their name issued by a Government agency or a previous employer.
10. A certificate of registration or naturalisation as a British citizen, **together with** an official document giving the person’s permanent National Insurance number and their name issued by a Government agency or a previous employer.

European Economic Area countries:

Austria, Belgium, Bulgaria, Croatia, Republic of Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the UK.

# List B – if there are restrictions on your right to work in the UK

***List B*** *contains a range of documents which may be accepted for a person who has a temporary right to work in the UK. A licence may be issued (subject to any other statutory limitations) up to the expiry date of the permission to work. A further check of your immigration status will be required each time you apply to renew or extend your licence.*

## Group 1 – Documents where a time-limited statutory excuse lasts until the expiry date of leave

1. A **current** passport endorsed to show that the holder is allowed to stay in the UK and is currently allowed to do the type of work in question.
2. A **current** Biometric Immigration Document (Biometric Residence Permit) issued by the Home Office to the holder which indicates that the named person can currently stay in the UK and is allowed to do the work in question.
3. A **current** Residence Card (including an Accession Residence Card or a Derivative Residence Card) issued by the Home Office to a non-European Economic Area national who is a family member of a national of a European Economic Area country or Switzerland or who has a derivative right of residence.
4. A **current** Immigration Status Document containing a photograph issued by the Home Office to the holder with a valid endorsement indicating that the named person may stay in the UK, and is allowed to do the type of work in question, **together with** an official document giving the person’s permanent National Insurance number and their name issued by a Government agency or a previous employer.

## Group 2 – Documents where a time-limited statutory excuse lasts for 6 months

1. A Certificate of Application issued by the Home Office under regulation 17(3) or 18A(2) of the Immigration (European Economic Area) Regulations 2006, to a family member of a national of a European Economic Area country or Switzerland stating that the holder is permitted to take employment which **is less than 6 months old together with a Positive Verification Notice** from the Home Office Employer Checking Service.
2. An Application Registration Card issued by the Home Office stating that the holder is permitted to take the employment in question, **together with a Positive Verification Notice** from the Home Office Employer Checking Service.
3. A **Positive Verification Notice** issued by the Home Office Employer Checking Service to the employer or prospective employer, which indicates that the named person may stay in the UK and is permitted to do the work in question.

**FOR OFFICE USE ONLY (to be completed by Licensing Officer)**

|  |  |  |
| --- | --- | --- |
| Name of applicant | |  |
| Date of check | |  |
| New or renewal? | | NEW / RENEWAL (circle as appropriate) |
|  | | |
| Check the document(s) | * Are photographs consistent across documents and with the person’s appearance? * Are dates of birth consistent across documents and with the person’s appearance? * Are any expiry dates for time-limited permission to be in the UK in the future i.e. they have not passed (if applicable)? * Are you satisfied the document is genuine, has not been tampered with and belongs to the holder? * Have you checked the reasons for any different names across the documents (e.g. marriage certificate, divorce decree, deed poll)? Supporting documents should also be copied and a copy retained. | |
|  | | |
| Copy the document(s) | You must make a clear copy of each document in a format which cannot later be altered. You must copy and retain:  **Passports:** any page with the document expiry date, nationality, date of birth, signature, leave expiry date, biometric details and photograph and any page containing information indicating the holder has an entitlement to enter or remain in the UK and undertake the work in question.  **All other documents:** the document in full; both sides of a Biometric Residence Permit. | |
|  | | |
| Name of Licensing Officer |  | |
| Signature of Licensing Officer |  | |

This form and the copied documents must now be passed to the Licensing Section.

***You MUST read and understand ALL of the conditions on your licence and the licensing guidelines before undertaking work as a licensed driver. If you have any questions regarding these matters please ask a member of the licensing team or seek independent legal advice.***

***Common issues that arise have been detailed below:***

**A licensed Driver –**

* **Must** wear their correct badge at all times when driving a licensed vehicle.
* **Must immediately** inform the Council of any change to their medical condition which might affect their fitness to drive.
* **Must, within 7 days,** inform the Council of any change of address.
* **Must immediately** inform the Council of any arrest, conviction, caution or conviction for any criminal or motoring offences.
* **Must, within 7 days,** inform the Council of any change to their right to work or reside in the UK.
* **Must not** carry more passengers than the vehicle is licensed to carry.
* **Must not** refuse to carry an assistance dog accompanying a disabled passenger.
* **Must not as a PHV Driver** wait in a manner or appear to be available for public hire as this could be considered plying for hire or ‘touting for business.’
* **Must not, as a PHV Driver** directly take a booking from a member of the Public. The booking MUST be made via a Licensed PHV Operator.
* **Must not as a PHV Driver** take a fare without a proper booking having been made via a licensed PHV Operator.
* **Must not** enter a ‘Taxi Rank’ at any time in a private hire vehicle.
* **Must, as a PHV Driver** only accept a fare if it is received as a booking via a licensed Test Valley Private Hire Vehicle Operator.
* **Must not when driving a hackney carriage** enter a rank unless able to accept the **next** customer.
* **Must not when driving a hackney carriage** refuse a fare without good reason.
* **Should when driving a hackney carriage** politely refer a passenger to the front car if they are approached when waiting in a rank. However, please be aware that the customer does have the right to select ANY Hackney Carriage they see fit.

I have read the above and confirm I fully understand all of the Conditions of my Dual Drivers Licence issued by Test Valley Borough Council. I understand should I fail to comply with, or breach, any Conditions attached to my license, or any Licensing legislation, then my license can be suspended or revoked. I also understand that any such breaches could constitute a criminal offence and can result in a prosecution.

**Full Name ………………………………………………………………………**

**Date ………………….. Signed …………………………………………….**

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Hackney Carriage and Private Hire Driver’s Licence Conditions

52. The Licensed Driver shall at all times, in compliance with Section 54 of the Local Government (Miscellaneous Provisions) Act 1976, when driving any Private Hire or Hackney Carriage Vehicle wear in a conspicuous position the drivers badge issued by the Borough Council bearing the number corresponding with the number assigned to the driver in the Register maintained by the Borough Council for that purpose.

53. The badge and licence remains the property of the Borough Council and shall be returned to the Borough Council, in good condition, immediately the driver ceases to be licensed by the Borough Council either through expiry of licence, revocation of licence or suspension of licence.

54. The Licensed Driver should be smart and clean in appearance. The driver shall at all times behave in a civil, courteous and orderly manner, and shall take all reasonable precautions to ensure the comfort and safety of persons conveyed in or entering or alighting from licensed Vehicles.

55. The Licensed Driver shall not convey in a vehicle used for private hire or hackney carriage a greater number of persons than the number of persons specified on the vehicle licence plate.

56. The Borough Council shall be notified of accidents affecting the safety, performance or appearance of the vehicle or the comfort or convenience of passengers, such notification to be as soon as reasonably practicable and in any case within 72 hours of the occurrence thereof.

57. The driver of a licensed vehicle who has agreed or has been hired to be in attendance with the vehicle at an appointed time and place shall, unless delayed or prevented by some sufficient cause, punctually attend with such vehicle at such appointed time and place

58. The Driver of a licensed vehicle so constructed as to carry luggage shall when requested by any persons hiring the vehicle:

(a) convey a reasonable quantity of luggage;

(b) render reasonable assistance in loading and unloading of luggage.

59. The driver of a Licensed Private Hire Vehicle shall keep a daily record in respect of the vehicle and hiring undertaken therein and in any record shall be entered: vehicle licence number, date, name of the Licensed Private Hire Operator of the vehicle, name of the driver, number of hours worked by the driver, and full details of every hiring undertaken. This record shall be supplied on request to any authorised Officer of the Borough Council for inspection.

60. The driver of a Licensed Hackney Carriage vehicle shall observe and comply with the requirements of the provisions of any Orders, Regulations or Byelaws made under any Act of Parliament.

61. The driver of a licensed Private Hire vehicle shall not ply for hire whether from a Hackney Carriage Stand or anywhere else and shall allow no indication to be given that the Private Hire Vehicle could be mistaken for a Hackney Carriage.

62. The Licensed Driver shall not refuse to carry a passenger with a guide dog or other assistance animal unless he/she has medical evidence of an allergy.

63. The Driver shall inform the Head of Administration of the Borough Council of any

Conviction in any Court at any level immediately following the Court Hearing and failure to comply with the Condition may result in any Licence being suspended or revoked.

64. A Licensed Driver shall not eat or drink in the vehicle whilst conveying passengers.

65. The Licensed Driver shall not play any radio or sound reproducing instrument or equipment in the vehicle other than for the purpose of sending or receiving messages in connection with the operation of the vehicle whilst conveying a passenger.

66. The Licensed Driver shall at no time cause or permit the noise emitted by a radio or

any previously mentioned equipment in the vehicle which he is driving to be a source of nuisance or annoyance to any person whether inside or outside the vehicle.

67. The Licensed Driver shall notify the Borough Council in writing of any change of his address during the period of the Licence within 7 days of such change taking place.

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| **MEDICAL REPORT – NOTES** **APPLICATION FOR DUAL HACKNEY CARRIAGE / PRIVATE HIRE DRIVER’S LICENCE**  **(Please hand these notes and examination form to your Doctor)** | | | | | TVBC logo (RGB) | |
| Medical reports can be completed by your own General Practitioner or another GP within the practice, or any other medical practitioner who is in possession of a summary of your medical records. Please note that if a Doctor, other than your own GP, completes the report your application will be rejected unless it is confirmed that the Doctor has had access to a summary of your medical history. | | | | | | |
| This form is required to be completed for all new applicants for dual hackney carriage / private hire driver's licences or where licensed drivers are aged 45, 50, 55, 60, 65, and annually thereafter, in line with DVLA best practice guidelines. | | | | | | |  | | | |
| Do not delay sending the form to us – if more than one month has elapsed from the date of your Doctor’s signature, we may reject the form unless you can show good reason why it has not been possible for you to submit the form in good time. | | | | | | |  | | | |
| If you have sent us a medical report in the last 12 months, and have not suffered a serious illness in the interim, contact us, as it may not be necessary for a further form to be completed. | | | | | | |  | | | |
| **A** | **What you have to do** | | | | | |  | | | |
|  | Before arranging for this medical report to be completed please read the notes at section C, paragraphs 1,2,3,4 and 5 (Group 2 Medical Standards). If you have any of these conditions you may not be granted a licence. | | | | | |  | | | |
|  | If, after reading the notes, you have any doubts about your ability to meet the medical standards, consult your Doctor and/or Optician **before** you arrange for this medical report to be completed. In the event of your application being refused, the fee you pay your Doctor is not refundable. Test Valley Borough Council has no responsibility for any fees payable for the completion of this report. | | | | | |  | | | |
|  | The notes below (“Medical Standards for Hackney Carriage and Private Hire Drivers”) may help you. | | | | | |  | | | |
|  | This report, together with your licence application, must be received by the Borough Council within 4 months of your Doctor signing the report. Failure to submit both forms together will lead to difficulties and delay in processing your application. | | | | | |  | | | |
|  | In future, if you develop symptoms of a condition that could affect safe driving (see the notes at section C below), you must inform the Borough Council’s Licensing Team immediately. | | | | | |  | | | |
|  | Please remove this page before sending in the report with your application. | | | | | |  | | | |
| **B** | **What your Doctor has to do** | | | | | |  | | | |
|  | Please arrange for your patient to be seen and for a full examination to be undertaken. | | | | | |  | | | |
|  | Please complete **pages 21 to 28 inclusive and all of section 10** on page 29 of this report, having regard to the most recent BMA “Notes for Guidance” for Doctors conducting these examinations. The most recent edition of the Medical Commission for Accident Prevention’s booklet “Medical Aspects of Fitness to Drive” should be consulted in association with the latest edition of the Driver & Vehicle Licensing Agency’s publication “At a Glance Guide to the Current Medical Standards of Fitness to Drive”, available from the DVLA via: <https://www.gov.uk/current-medical-guidelines-dvla-guidance-for-professionals>.. | | | | | |  | | | |
|  | Applicants who may be symptom free at the time of the examination should be advised that, if, in future, they develop symptoms of a medical condition which could affect safe driving, and a hackney carriage or private hire driver’s licence is held, Test Valley Borough Council’s licensing team must be informed immediately. | | | | | |  | | | |
| **C** | **Medical Standards for Hackney Carriage or Private Hire Drivers** | | | | | |  | | | |
| Standards for hackney carriage or private hire drivers, as vocational drivers, are higher than those for ordinary car drivers. In line with recommended good practice, the Borough Council will expect licensed drivers to meet the **Group 2 vocational driver standards**. Please also refer to the most recent version of leaflet INF4D available via <https://www.gov.uk/government/publications/medical-examination-report-d4-information-and-useful-notes>. Specific medical conditions which may be a bar to obtaining or holding a hackney carriage or private hire driver’s licence are as follows: - | | | | | | |  | | | |
| Epilepsy or liability to epileptic attacks | | | | | | | | |
|  | A diagnosis of epilepsy or spontaneous epileptic attack(s) requires 10 years free of further epileptic attack without taking anti-epilepsy medication during that 10-year period. For conditions that cause an increased liability to epileptic attacks, the risk of attacks must fall to that of the general population. The Borough Council will refuse or revoke the licence if these conditions cannot be met. | | | | |  | | | |
| Diabetes | | | | | |  | |
|  | Applicants with insulin treated diabetes will not normally be able to obtain a licence **unless:**   * they held a hackney carriage or private hire driver’s licence valid at 1 April 1991 and the Borough Council’s licensing team had knowledge of the insulin treatment before 1 January 1991   or   * if they are able to provide documentary evidence that their diabetes is consistently well controlled, with reference to the advice in chapter 3 of the latest edition of the DVLA’s “At a Glance Guide to the Current Medical Standards of Fitness to Drive” in respect of Group 2 vocational drivers.   If you have any condition other than insulin treated diabetes your Doctor should be able to advise you as to whether you meet the relevant higher medical standards. Please refer to the section “Other Medical Conditions” in this report. | | | | | |  | | | |
| Eyesight | | | | | |  | | |
|  | All applicants must be able to read in good light with glasses or corrective lenses if necessary, a number plate at 20 metres (65 feet), (post 1 September 2001 font) and, if glasses or contact lenses are required to do so, these must be worn while driving. In addition: - | | | | | |  | | | |
|  | **Visual Acuity** | | | | | |  | | | |
|  | Applicants must have: - | | | | | |  | | | |
|  |  | a visual acuity of at least 6/7.5 (decimal Snellen equivalent 0.8) in the better eye; and | | | | |  | | | |
|  |  | a visual acuity of at least 6/60 (decimal Snellen equivalent 0.1) in the worse eye; and | | | | |  | | | |
|  |  | If glasses are worn, the distance spectacle prescription of either lens used must not be of a corrective power greater than plus 8 (+8) dioptres. | | | | |  | | | |
|  | Applicants to whom the following applies ***may*** be considered, exceptionally: | | | | | |  | | | |
|  |  | | An applicant who held a Test Valley hackney carriage or private hire driver’s licence after 1 March 1992 and also held that licence on 31 December 1996 and has an acuity of 6/9 (decimal Snellen equivalent 0.6) in the better eye and 6/12 (decimal Snellen equivalent 0.5) in the worse eye *and* an uncorrected acuity of 3/60 (decimal Snellen equivalent 0.05) in at least one eye. | | | |  | | | |
|  |  | | An applicant who held a hackney carriage or private hire driver’s licence before 1 March 1992 if they can still meet the Group 2 eyesight standards which applied when they first held a Test Valley hackney carriage or private hire driver’s licence. | | | |  | | | |
|  | Please contact the licensing team if you require further information. | | | | | |  | | | |
|  | **Visual field** | | | | | |  | | | |
|  | The horizontal visual field should be at least 160 degrees, the extension should be at least 70 degrees left and right and 30 degrees up and down. No defects should be present within a radius of the central 30 degrees. | | | | | |  | | | |
|  | **Monocular vision** | | | | | |  | | | |
|  | Drivers who have sight in one eye only or their sight in one eye has deteriorated to less than 0.05 (3/60) cannot normally be licensed to drive. Exceptionally, it may be possible for such a driver to be licensed if the Group 2 standards were met before 1 April 1991. You must have a visual acuity of at least 6/12 (decimal Snellen equivalent 0.5) if you held a Test Valley hackney carriage or private hire driver’s licence on 1 April 1983 or 6/9 (decimal Snellen equivalent 0.6) if you were licensed after that date. | | | | | |  | | | |
|  | **Uncontrolled symptoms of double vision** | | | | | |  | | | |
|  | If you have uncontrolled symptoms of double vision, or you have double vision treated with a patch, you will not meet the Group 2 standard. | | | | | |  | | | |
| **Please note that a failure to meet the epilepsy, diabetes or eyesight requirements will normally result in the refusal of an application.** | | | | | | |  | | | |
|  |  | | | | | |  | | | |
| **4** | **Other Medical Conditions**  **In addition to those medical conditions mentioned above, an applicant or licence holder is likely to be refused if they are unable to meet the national recommended guidelines in cases of:-** | | | | | |  | | | |
|  |  | Within six weeks of myocardial infarction, an episode of unstable angina, CABG or coronary angioplasty | | | | |  | | | |
|  |  | Angina, heart failure, or cardiac arrhythmia which remains uncontrolled | | | | |  | | | |
|  |  | Implanted cardiac defibrillator | | | | |  | | | |
|  |  | Hypertension where the blood pressure is persistently 180 systolic or more or 100 diastolic or more | | | | |  | | | |
|  |  | A stroke or TIA within the last 12 months | | | | |  | | | |
|  |  | Unexplained loss of consciousness with liability to recurrence | | | | |  | | | |
|  |  | Meniere's and other sudden and disabling vertigo, within the last 12 months, with a liability to recurrence | | | | |  | | | |
|  |  | Insuperable difficulty in communicating by telephone in an emergency | | | | |  | | | |
|  |  | Major brain surgery and/or recent severe head injury with serious continuing after effects | | | | |  | | | |
|  |  | Parkinson's disease, multiple sclerosis or other chronic neurological disorders likely to affect safe driving | | | | |  | | | |
|  |  | Psychotic illness within the past three years | | | | |  | | | |
|  |  | Serious psychiatric illness | | | | |  | | | |
|  |  | If major psychotropic or neuroleptic medication is being taken | | | | |  | | | |
|  |  | Alcohol and/or drug misuse within the last 12 months or alcohol and/or drug dependency or use in the past three years | | | | |  | | | |
|  |  | Dementia | | | | |  | | | |
|  |  | Any malignant condition, within the last 2 years, with a significant liability to metastasise to the brain | | | | |  | | | |
|  |  | Any other serious medical condition likely to affect the safe driving of a hackney carriage or private hire vehicle | | | | |  | | | |
| **5** | **Tiredness: Sleep Disorders** | | | | | |  | | | |
|  | Up to one fifth of accidents on motorways and other monotonous roads may be caused by drivers falling asleep at the wheel. | | | | | |  | | | |
|  | Many accidents are attributed to “driver inattention” but once vehicle faults, traffic offences, poor road or weather conditions, alcohol and specific medical causes are excluded, closer inspection suggests driver sleepiness may be the cause. Evidence for this includes the apparent failure to respond to traffic and road conditions generally and, in particular, the absence of signs of emergency braking. | | | | | |  | | | |
|  | Driver sleepiness may be caused by modern life styles preventing adequate rest. It may be made worse by shift working combined with the monotonous nature of certain types of driving. Alertness fluctuates naturally throughout the day. Driving between 02:00 and 07:00 increases the risk of a sleep related accident. Most people also tend to be less alert during the mid-afternoon or after a heavy meal. All drivers need to address these problems responsibly. | | | | | |  | | | |
|  | However, some medical conditions may cause excessive sleepiness. These will greatly increase any normal tendency to sleepiness. | | | | | |  | | | |
|  | The commonest medical cause is **Obstructive Sleep Apnoea Syndrome (OSA)**. This condition occurs most commonly, but not exclusively, in overweight individuals, particularly those with a large collar size. Partners often complain about the snoring and notice that sufferers seen to have irregular breathing during sleep. Sufferers of OSA rarely wake from sleep feeling fully refreshed and tend to fall asleep easily when relaxing. | | | | | |  | | | |
|  | OSA is one of the few medical conditions that has been shown to increase significantly the risk of traffic accidents. However, once diagnosed, there is very effective treatment available, normally through specialist centres.  The greatest danger is prior to diagnosis, when the significance of the symptoms is not appreciated. A road traffic accident may be the first clear indication of the condition. All drivers, especially professional drivers, and doctors need to be much more aware of the risks of sleepiness from this treatable cause. | | | | | |  | | | |
|  |  | | | | | |  | | | |
|  | The Borough Council’s Licensing Team can be contacted as follows: | | | | | |  | | | |
|  | ‘Phone: 01264 368000 | | | Email: [licensing@testvalley.gov.uk](mailto:licensing@testvalley.gov.uk) | | |  | | | |
|  | Personal Callers/By Post: | | |  | | |  | | | |
|  | Licensing Team Test Valley Borough Council  Beech Hurst  Weyhill Road  Andover  SP10 3AJ | | |  | | |  | | | |

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| **MEDICAL EXAMINATION** - **APPLICATION FOR DUAL HACKNEY CARRIAGE / PRIVATE HIRE DRIVER'S LICENCE**  This must be completed by your Doctor, taking into account the criteria for Group 2 vocational drivers as set out in “Medical Aspects of Fitness to Drive” and the latest edition of the DVLA publication “At a Glance Guide for Current Medical Standards of Fitness to Drive” (see note B1 above and section 7 of this report). | | | | | | | | | | | | | | | | | | | | TVBC logo (RGB) | | | | | | |
| ***Please answer all questions and use black ink throughout*** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please give the applicant’s weight (kg/st) | | | | | |  | | | | | | | | and height (cm/ft) | | | | | |  | | | | | | |
| Please give details of smoking habits, if any | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Please give the number of alcohol units taken each week | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Details of specialist(s)/ consultants | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Speciality | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date last seen | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | |  | | | | | | | | | |
| Current medication | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date first licensed to drive a hackney carriage and/or private hire vehicle | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 1 - Vision** (Please see **eyesight notes** on page 2) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please tick **** the appropriate boxes | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | **Yes** | |  | **No** |
|  | Is the visual acuity, as measured by the 6 metre Snellen chart **at least** 6/7.5 (decimal Snellen equivalent 0.8) in the better eye *and* **at least** 6/60 (decimal Snellen equivalent 0.1) in the other eye (corrective lenses may be worn)? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | |  |  |
|  | Do corrective lenses have to be worn to achieve this standard? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | If glasses were worn, was the distance spectacle prescription of either lens used of a corrective power greater than plus 8 (+8) dioptres? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | |  |  |
|  | If the correction is worn for driving, is it well tolerated? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Please give the best binocular acuity (with corrective lenses if worn for driving) | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | Please state all the visual acuities of each eye in terms of the 6 metre Snellen chart. Please convert any 3 metre readings to the 6 metre equivalent | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Uncorrected** | | | | | | | | | **Corrected** (if applicable) | | | | | | | | | | | | | | | |
|  | Right |  | Left | |  | | |  | | | | Right | | | | | |  | | | Left | |  | | |
|  | **Is there a defect in his/her binocular field of vision?** (central and peripheral) | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Is there diplopia (controlled or uncontrolled)? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Does the applicant have any other ophthalmic condition? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | If **Yes** to 4, 5, or 6, please give details in **section 7** and enclose any relevant visual field charts or hospital letters. | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 2 - Nervous System** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | **Yes** | |  | **No** |
|  | Has the applicant had any form of epileptic attack? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | If **Yes**, please give date of last attack | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | If treated, please give date when treatment ceased | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | Is there a history of blackout or impaired consciousness within the last 5 years? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | If **Yes**, please give dates and details in **section 7** | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Does the applicant suffer from narcolepsy/cataplexy? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | If **Yes**, please give dates and details in **section 7** | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Is there a history of, or evidence of any of the conditions listed at (a) - (h) below? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | If **No**, go to section 3  If **Yes**, please tick the relevant boxes and give dates and full details at section 7 | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Stroke/TIA *please delete as appropriate* | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Sudden and disabling dizziness/vertigo within the last year with a liability to recur | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Subarachnoid haemorrhage | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Serious head injury with the last 10 years | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Brain tumour, either benign or malignant, primary or secondary | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Other brain surgery | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Chronic neurological disorders e.g. Parkinson’s disease, Multiple Sclerosis | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Dementia or cognitive impairment | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | |  | |  |  |
| **Section 3 - Diabetes Mellitus** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | **Yes** | |  | **No** |
|  | Does the applicant have diabetes mellitus? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | If **No,** go to section 4 If **Yes**, please answer the following questions | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Is the diabetes managed by: - | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Insulin? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | If **Yes**, please give date started on insulin | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | Oral hypoglycaemic agents and diet? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Diet only? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Does the applicant test blood glucose at least twice every day? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Is there evidence of: - | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Loss of visual field? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Severe peripheral neuropathy, sufficient to impair limb function for safe driving? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Diminished/absent awareness of hypoglycaemia? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Has there been laser treatment for retinopathy? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | If **Yes**, please give date(s) of treatment | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | Is there a history of hypoglycaemia during waking hours in the last 12 months requiring assistance from a third party? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | |  |  |
|  | If **Yes** to any of 4-6 above, please give details in **section 7** | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | |  | |  |  |
| **Section 4 - Psychiatric illness** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | **Yes** | |  | **No** |
| Is there a history, or evidence, of any of the conditions listed at 1-6 below? | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
| If **No** go to section 5  If **Yes** please tick the relevant box(es) below and give dates, prognosis, period of stability and details of medication, dosage and any side effects in **section 7**  **NB** if applicant remains under specialist clinic(s), ensure details are entered in **section 1** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Significant psychiatric disorder within the past 6 months, e.g. depression | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | A psychotic illness within the past 3 years, e.g. schizophrenia | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Persistent alcohol misuse in the past 12 months | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Alcohol dependency in the past 3 years | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Persistent drug misuse in the past 12 months | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Drug dependency in the past 3 years | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | |  | |  |  |
| **Section 5 - Cardiac** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please follow the instructions in all **sections 5A – 5G** giving details as required at **section 7**. NB. If applicant remain under specialist cardiac clinic(s) ensure details are completed in **section 1** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 5A - Coronary Artery Disease** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | **Yes** | |  | **No** |
|  | Is there a history, or evidence, of coronary artery disease? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | If **No**, go to section 5 B If **Yes** please answer all questions below and give details at **section 7** | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Myocardial infarction? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | If **Yes**, please give date(s) | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | Coronary artery by-pass graft? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | If **Yes**, please give date(s) | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | Coronary Angioplasty (with or without stent)? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | If **Yes**, please give date(s) | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | Has the applicant suffered from Angina? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | If **Yes**, please give the date of the last attack | | | | | | | | | | | | | | | | | | | | |  | | | |
| **Section 5B - Cardiac Arrhythmia** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | **Yes** | |  | **No** |
| Is there a history, or evidence, of cardiac arrhythmia? | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
| If **No**, go to **section 5C** If **Yes** please answer all questions below and give details at **section 7** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Has the applicant had a significant documented disturbance in cardiac rhythm within the past 5 years? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | |  |  |
|  | Has the arrhythmia been controlled satisfactorily for at least 3 months? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Has a cardiac defibrillator device been implanted? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Has a pacemaker been implemented? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | If **Yes**: - | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Has a pacemaker been implanted for at least 6 weeks? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Since implantation, is the patient now symptom free from this condition? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Does the applicant attend a pacemaker clinic regularly? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
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| **Section 5C - Peripheral Arterial Disease** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | **Yes** | |  | **No** |
| Is there a history, or evidence, of **ANY** of the following: If **Yes**, please **tick** **** all relevant boxes below, and give details at **section 7** | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | |  |  |
|  |  | | | | | | | |  | | | | | | **Yes** | |  | | | **No** | |  | |  |  |
|  | Peripheral Arterial Disease? | | | | | | | |  | | | | | |  | |  | | |  | |  | |  |  |
|  | Aortic Aneurysm? If **Yes**: | | | | | | | |  | | | | | |  | |  | | |  | |  | |  |  |
|  | Site of Aneurysm | | | | | | | | Thoracic | | | | | |  | | Abdominal | | |  | |  | |  |  |
|  | Has it been repaired successfully? | | | | | | | |  | | | | | |  | |  | | |  | |  | |  |  |
|  | Is the transverse diameter more than 5 cms? | | | | | | | |  | | | | | |  | |  | | |  | |  | |  |  |
|  | Dissection of the Aorta? If **Yes**: | | | | | | | |  | | | | | |  | |  | | |  | |  | |  |  |
|  | Has it been repaired successfully? | | | | | | | |  | | | | | |  | |  | | |  | |  | |  |  |
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| **Section 5D - Valvular / Congenital Heart Disease** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | **Yes** | |  | **No** |
| Is there a history, or evidence, of valvular / congenital heart disease? | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
| If **No**, go to **section 5E** If **Yes**, please answer all questions below, and give details at **section 7** | | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Is there a history of congenital heart disorder? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Is there a history of heart valve disease? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Is there a history of embolism? (**not** pulmonary embolism) | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Does the applicant currently have significant symptoms? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Has there been any progression since the last licence application? (if relevant) | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | |  | |  |  |
| **Section 5E - Cardiomyopathy** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | **Yes** | |  | **No** |
|  | Does the applicant have a history of any of the following conditions: | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | A history, or evidence, of heart failure? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Established cardiomyopathy? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | A heart of heart/lung transplant? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | If **Yes** to any part of the above, please give full details in **section 7** | | | | | | | | | | | | | | | | | | | | |  | |  |  |
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| **Section 5F - Cardiac Investigations** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **This section must be completed for all applicants** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | **Yes** | |  | **No** |
|  | Has a resting ECG been undertaken | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | If Yes, does it show: | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Pathological Q waves? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Left bundle branch block? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Has an exercise ECG been undertaken (or planned)? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | If **Yes**, give date and give details in **section 7** | | | | | | | | | |  | | | | | | | | | | |  | |  |  |
|  | Sight/copy of the exercise test result/report (if done in the last 3 years) would be useful | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Has an echocardiogram been undertaken (or planned)? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | If **Yes**, give date and give details in **section 7** | | | | | | | | | |  | | | | | | | | | | |  | |  |  |
|  | *Sight/copy of the echocardiogram result/report would be useful* | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Has a coronary angiogram been undertaken (or planned)? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | If **Yes**, give date and give details in **section 7** | | | | | | | | | |  | | | | | | | | | | |  | |  |  |
|  | Sight/copy of the angiogram result/report would be useful | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Has a 24 hour ECG tape been undertaken (or planned)? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | If **Yes**, give date and give details in **section 7** | | | | | | | | | |  | | | | | | | | | | |  | |  |  |
|  | *Sight/copy of the 24 hour tape result/report would be useful* | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Has a myocardial perfusion imaging scan been undertaken (or planned)? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | If **Yes**, give date and give details in **section 7** | | | | | | | | | |  | | | | | | | | | | |  | |  |  |
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| **Section 5G - Blood Pressure** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **This section must be completed for all applicants** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | **Yes** | |  | **No** |
|  | Is today’s systolic pressure greater than 180? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Is today’s diastolic pressure greater than 100? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Is the applicant on anti-hypertensive treatment? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | If **Yes** to any of the above, please supply today’s reading: | | | | | | | | | | | | | | | | | | | | |  | | | |
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| **Section 6 - General** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please answer all questions in this section. If your answer is **Yes**, please give full details in **Section 7** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | **Yes** | |  | **No** |
|  | Is there **currently** a disability of the spine or limbs, likely to impair control of the vehicle? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | |  |  |
|  | Is there a history of bronchogenic carcinoma or other malignant tumour, for example, malignant melanoma, with significant liability to metastasise cerebrally? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | |  |  |
|  | If **Yes**, please give dates and diagnosis and state whether there is current evidence of dissemination | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Is the applicant profoundly deaf? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | If **Yes**, is he/she able to communicate in the event of an emergency by speech or by using a device, e.g. a MINICOM/textphone | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | |  |  |
|  | Is there a history of either renal or hepatic failure? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Does the applicant have apnoea syndrome? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | If **Yes**, has it been controlled successfully? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | Is there any other medical condition causing excessive daytime sleepiness? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | If **Yes**, please give full details below | | | | | | | | | | | | | | | | | | | | |  | |  |  |
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|  | Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
|  | |  |  |
|  | Does any medication currently taken cause the applicant side effects which impair his/her safe driving? | | | | | | | | | | | | | | | | | | | | |  | |  |  |
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| **Section 7 Please forward copies of all relevant hospital notes if available** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 8 Applicant’s consent and declaration** | | | | | | ***This section must be completed and must not be altered in any way*** | | |
| **Consent and Declaration** | | | Please read the following important information carefully then sign and date the statements below | | | | | |
| On occasion, as part of the investigation into your fitness to drive a hackney carriage or private hire vehicle, Test Valley Borough Council my require you to undergo a medical examination or some form of practical assessment. In these circumstances, those personnel involved will require your medical background details to undertake an appropriate and adequate assessment. Such personnel might include doctors, orthoptists at eye clinics or paramedical staff at a driving assessment centre. Only information relevant to the assessment of your fitness to drive will be released. In addition, where the circumstances of your case appear exceptional, the relevant medical information would need to be considered by members of the Borough Council’s Licensing Committee. Such information would be subject to legal restrictions on confidentiality. | | | | | | | | |
| **Consent and Declaration** | | | | | | | | |
| I authorise my Doctor(s) and Specialist(s) to release reports to Test Valley Borough Council as Licensing Authority about my condition.  I authorise Test Valley Borough Council to disclose such relevant medical information as may be necessary to the investigation of my fitness to drive, to all those involved in the determination of my application for a licence, and to release to my Doctor(s) details of the outcome of my case and any relevant medical information.  More detailed information about the Council’s handling of your personal data can be found in its privacy policy, available online https://www.testvalley.gov.uk/aboutyourcouncil/accesstoinformation/gdpr/gdpr-privacy-statements/privacy-statements-for-licensing/privacy-notice-taxi-and-private-hire. | | | | | | | | |
| I declare that I have checked the details I have given on this form and that, to the best of my knowledge and belief, they are correct. | | | | | | | | |
| Signature |  | | | | Date | |  | |
|  |  | | | |  | |  | |
| **Section 9 - Applicant’s details** | | | | | | | | |
| To be completed in the presence of the Medical Practitioner carrying out the examination | | | | | | | | |
| Please make sure that you have printed your name and date of birth on each page before sending this form with your application. | | | | | | | | |
| Name |  | | | Date of Birth | | | |  |
| Address |  | | | Home ‘phone | | | |  |
|  |  | | | Daytime ‘phone | | | |  |
|  |  | | |  | | | |  |
| Post Code |  | | |  | | | |  |
| E-mail address | |  | | | | | | |

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| **Section 10 – Medical Practitioner Details** | | | | | | | | | | | | | | |
| To be completed by the Medical Practitioner carrying out the examination | | | | | | | | | | | | | | |
| Name |  | | | | | | | Surgery Stamp | | | | | | |
| Address |  | | | | | | |  | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
| Post Code |  | | | | | | |
| E-mail address | |  | | | | | | | | | | | | |
| **YES NO**  **The applicant is registered with this surgery/practice as a patient**  **The applicant has been referred to me by their own GP practice**  Letter of referral is attached to this report.  **If not the applicant’s own GP, I am in possession of a summary of the**  **applicant’s medical records**  **I consider that the applicant meets the criteria for Group 2 Vocational**  **Driver’s Licence** as set out in the latest editions of the DVLA publication  “For Medical Practitioners – at a Glance Guide for Current Medical Standards  Of Fitness to Drive” and the Medical Commission on Accident Prevention’s  publication “Medical Aspects of Fitness to Drive”.  **THE EXAMINING GP IS REQUIRED TO HAVE ACCESS TO THE APPLICANT’S MEDICAL RECORDS IN ORDER TO ASSESS IF THEY ARE OR ARE NOT FIT TO BE A VOCATIONAL DRIVER** | | | | | | | | | | | | | | |
| GMC registration no.: | | |  |  |  |  |  |  | |  | |  |  |  |
| Signature of Medical Practitioner | | |  | | | | | | Date | |  | | | |