

# Hackney carriage/private hire medical exemption form

## 1. Driver details

**Full name of driver:**

**Address:**

**Contact telephone number:**

**Date of birth:**

**Driver licence number: CD**

**Expiry date:**

## 2. Exemption request (✓ as appropriate):

**I am requesting that the licensing authority consider granting me an exemption from the following:**

**Carrying wheelchair users**

**Carrying assistance dogs**

## 3. Doctor details

**Name of gp:**

**Address:**

**Contact telephone number:**

## 4. Brief detail of reasons/ circumstances why the request for medical exemption is being made

## Declarations

I have read and understood West Suffolk Council's Medical Exemption Terms and I understand the process in applying for a medical exemption.

1. I enclose a valid GP certificate to accompany my application.
2. I understand that if, after consideration, my application for exemption is granted I will be issued with a Temporary Exemption notice for a maximum period of up to three months.
3. I confirm that upon expiry of the Temporary Exemption Notice I will return the notice to the Licensing & Enforcement Team within 7 days. I understand that if the Temporary Exemption Notice is not returned, my driver licence could be suspended until such time as the Notice is returned or a further doctor's note is received.
4. I acknowledge that if I expect that the Temporary Exemption Notice is to be extended for more than 3 months, I will be referred on to one of the medical practitioners approved by the Councils. I will be required to obtain an in depth medical report from my own GP to support the Statement of Fitness regarding my capability to undertake the duties in terms of my medical fitness and/ or physical condition.
5. I understand that the purpose of consultation with the approved medical practitioner will be to determine whether a further exemption should be granted, and for how long.
6. I understand that if during any part of the process, any doctor's note or statement of fitness recommends that the application for exemption is refused or if it is ambiguous in any way, the matter will be referred to the Licensing Sub-Committee for consideration.
7. I understand that all fees associated with this application are to be paid by myself.

West Suffolk Council is a Data Controller and can be contacted at: West Suffolk House, Western Way, Bury St Edmunds, Suffolk, IP33 3YU. Tel: 01284 763233. The Data protection Officer is Leah Mickleborough and can be contacted at the same address.

We are collecting your personal information in order to process your application under the Local Government (Miscellaneous Provisions) Act 1976.

Your data will not be shared with third parties unless used for Council purposes, in order to enquire and receive information relating to your licence, prevent or detect crime, to protect public funds or where we are required or permitted to share data under other legislation.

Your data will be kept for 7 years post licence expiry/surrender in line with our retention policy.

You have the right to access your data and to rectify mistakes, erase, restrict, object or move your data in certain circumstances. Automated decision making and processing is not used during this application. Please contact the Data Protection Officer for further information or go to our website where your rights are explained in more detail. If you would like to receive an explanation of your rights in paper format please contact the Data Protection Officer.

Any complaints regarding your data should be addresses to the Data Protection Officer in the first instance. If the matter is not resolved you can contact the Information Commissioner's Office at: Wycliff House, Water Lane, Wilmslow, Cheshire, SK9 5AF Tel: 0303 123 1113.

Signed: \_\_\_\_\_

Dated: / /

**For office use only**

**Date medical exemption application received:**

**Section B**

**Exemption agreed**

**Exemption declined**

**Section C**

**If exemption declined, give reasons and details of any further action taken:**

Signed: \_\_\_\_\_ Dated: / /

**Section D**

**Date Temporary Exemption Notice Issued:**

**Date of Expiry:**

**Entered on to system: \_\_\_\_\_ by: \_\_\_\_\_**