



# CHELTENHAM

## BOROUGH COUNCIL

Equality Act 2010, s.166 & s.169

### Hackney Carriage/Private Hire Driver Application for Medical Exemption Certificate

Please write legibly in **block capitals**, and ensure that your answers are inside the boxes and written in **black ink**. All questions must be answered. Incomplete forms will not be processed.

You may wish to keep a copy of the completed form for your records.

#### Section 1: Driver details

Full name:			
Date of birth:	/ /	Badge number:	HCD / PHD _____
Home address:			
Daytime phone number:		Email address:	

#### Section 2: Exemption details

Which exemption(s) are you applying for? *(tick as applicable)*

- s.166(3) – Duty to load/assist passengers in wheelchairs (hackney carriage driver)
- s.166(4) – Duty to load/assist passengers in wheelchairs (private hire driver)
- s.169 – Duty to carry assistance dogs in taxi (hackney carriage driver)
- s.171 – Duty to carry assistance dogs in private hire vehicle (private hire driver)
- Lifetime exemption
- Temporary exemption (please specify anticipated end date: \_\_\_\_\_)

#### Section 2: Medical/physical condition

Please summarise why you believe you should be issued a medical exemption certificate from the duties indicated above. Please include details of any applicable medical condition(s) or physical condition(s) that are relevant to this request, and how they affect your ability to safely carry out the duty(ies):

*Continue on a separate sheet if necessary*

### Section 3: Doctor(s) details

To enable the Council to consider your application, we require statements from a doctor treating you for the condition(s) you have mentioned above, confirming the impact of those conditions on your ability to work as a taxi/private hire driver, and on your ability to safely carry out the duties you have requested an exemption from. You will need to obtain these and submit them with your application.

I enclose a statement(s) from a doctor(s) treating me for the above-mentioned condition(s).

We may also need to contact your doctor(s) to obtain further information from them about your condition and treatment. Please provide their contact details below:

GP	Specialists/Consultants	
Name:	Name:	Name:
Address:	Address:	Address:
	Specialist/Consultant in:	Specialist/Consultant in:

*Please note: As part of the application process, you may be required to attend an assessment with an independent doctor or occupational therapist. A charge will be payable for this.*

### Section 4: Vehicle details

Please give details of the licensed vehicle(s) that you usually drive: *(Use a separate sheet for multiple vehicles)*

Plate number	HCV / PHV	Registration number	
Make/Model			
Vehicle type	<input type="checkbox"/> Saloon <input type="checkbox"/> Estate <input type="checkbox"/> MPV <input type="checkbox"/> Minibus/van <input type="checkbox"/> Other: _____		
Is this vehicle constructed/adapted to safely carry passengers in wheelchairs?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this vehicle have a privacy screen, separating the driver from passengers?			<input type="checkbox"/> Yes <input type="checkbox"/> No

### Section 5: Declaration and signatures

- The information I have given in this form is true and accurate in all material respects.
- I understand that making an application for an exemption certificate does not guarantee that an exemption will be granted, and that I must continue to carry out the statutory duties unless and until I am granted and receive an exemption certificate.
- I consent to the Council making further medical enquiries to the doctors listed above.
- This authority is obligated to process information fairly and lawfully. I understand that the council will process the information I have provided on this form in accordance with the relevant privacy statement available at <https://www.cheltenham.gov.uk/your-data>.
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Signed:		Print name:		Date:	
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Please return your completed form, along with statements from your doctor(s), to: Licensing Section, Cheltenham Borough Council, Municipal Offices, Promenade, Cheltenham, GL50 9SA or by email to [licensing@cheltenham.gov.uk](mailto:licensing@cheltenham.gov.uk)