



**Safer Communities, Leisure and  
Environment  
Marianne Rolfe – Head of Service**

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Milverton Hill, Royal Leamington Spa, CV32 5HZ

**direct line:** 01926 456705

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**web:** [www.warwickdc.gov.uk](http://www.warwickdc.gov.uk)

**our ref:** Self-serve 2023

**your ref:**

Dear Sir or Madam

**Renewal application for a hackney carriage/private hire driver's licence**

This letter provides you with all of the information you will need to complete the application process for the above licence.

Before you begin please read the following points carefully as they will have an impact on the progress and outcome of your application.

- You must complete an on-line Disclosure and Barring Service (DBS) application or international equivalent if you have not been a resident of the UK for 5 years prior to the date of application. An overseas police check is required (translated in to English) for the dates that you were resident outside of the UK.
- If your renewal form and supporting documents including payment are not submitted by the Driver's Licence expiry date then your Hackney Carriage /Private Hire Driver's Licence will NOT be renewed and you will have to apply for a new Hackney Carriage/Private Hire Driver's Licence.
- The application form requires you to declare, amongst other things, all of your previous convictions and cautions, *not just motoring offences*, **whether spent or not**. These may be taken into account, even if they were committed some time ago.

**It is an offence to make a false declaration on the application form.**

Below is a brief outline of the costs and timescales involved in applying to this authority, together with an explanation of the processing steps. After you have read all the relevant information, and you wish to continue with your renewal application, please complete all of the forms (paper and on-line) and email, together with your receipts for on-line payments to [licensing@warwickdc.gov.uk](mailto:licensing@warwickdc.gov.uk)



For your application to be valid it must include:

- A completed and signed application form.
- Your completed and submitted on-line Disclosure and Barring Service (DBS) application reference number and receipt. (You must also have emailed Licensing your three forms of ID documents in order for us to be able to complete the DBS process for you)
- A completed, stamped and signed Medical Certificate (dated no more than 4 weeks before submitting the application).
- A photograph of yourself (no more than 4 weeks old) This can be taken on a phone.
- Online Payment receipts for the correct fees (Application and DBS).
- Your DVLA 'Check Code'.
- Your HMRC Tax 'Check Code'.

**If all of the documents listed above are not received within 8 weeks of the start of your application, your application will be considered to have failed. This includes the DBS online application but excludes your DBS certificate.**

**For the current costs involved in the application, please refer to your renewal letter or see the payment link '*Online payment – renewing driver (Standard application)*' on Warwick District Council's website.**

You will also need to pay, directly to the service provider, for the Medical evaluation and certificate.

For current fee information you should contact the service provider directly. The attached guidance notes contain contact information for all Warwick District Council approved suppliers.

If you are over 65 or have any medical conditions i.e. Diabetes that require you to submit annual medical certificates there is an additional administration charge per application.

**The time involved in the application:**

- It is unlikely that the process will be complete in under 6 weeks due to the required checks and tests necessary. This may increase if you are required to attend a hearing if you have previous convictions or cautions.
- Any outstanding application documents not received within 8 weeks of the initial application date will be considered to have failed.

Yours sincerely,



**Lorna Hudson**  
Environmental Health and Licensing Manager

# Guidance Notes for applicants

## General Notes

If you wish to continue driving after the date of expiry of your licence, we would recommend that you submit your full application as soon as possible prior to your licence expiry date. If you do not, then the process may not be completed in time.

If you fail to apply before the expiry of your licence, this will lapse and you will be treated as a **brand new applicant**. Therefore, you will have to complete the Driver Training Course, Medical Examination and a new DBS check.

If you wish to discuss your renewal or have any other enquiries, please call us on 01926 456705 or alternatively email [licensing@warwickdc.gov.uk](mailto:licensing@warwickdc.gov.uk)

## Application Form

You must complete and sign the Warwick District Council application form. Ensure that you answer all questions and fully understand the declaration you are signing. Pay special attention to section 2, ensuring that you include all convictions, spent and unspent. If you have convictions to declare please read the *Private Hire and Hackney Carriage Drivers, Vehicles and Operators Handbook (Guidelines relating to the relevance of convictions)* before you submit your application.

## On-line DBS application

You are required to complete a Disclosure and Barring Service (DBS) disclosure as part of the hackney carriage/private hire driver renewal application process. An online DBS check can be completed by accessing the internet from any PC/Laptop that has this facility. If you do not own your own computer you can go to any internet café or local library.

Please log in using the following URL in your top toolbar:

<https://disclosure.capitarvs.co.uk/coventry/>

**Please be aware that you must complete your application form in full as part completed application forms cannot be saved and any data you have input will be lost.** Please also be aware that there are instructions given on each screen.

On entering the system you will be asked to supply the following information:

Organisation Reference – **WDCTAXI**  
Password – **Wdctaxi2**

Once your application is complete and submitted **you must email your 3 supporting identification documents and receipt of payment** to [licensing@warwickdc.gov.uk](mailto:licensing@warwickdc.gov.uk) (These documents will be deleted once the DBS application process is complete)

**Your application will not be progressed until you have paid the DBS fee and emailed valid identification documents to the Licensing department.**

## Medical Certificate

You must submit, with your application, your medical report and declaration, completed at your own expense, no more than 4 weeks before submitting the application. The certificate can be completed either by:

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- Your own doctor; or
- Croft Medical Centre, Sydenham, Leamington Spa (Tel: 01926 421153); or
- Driver's Medicals, Coventry (Tel: 0870 609 1540)

### **DVLA Driving Licence Check**

Please see separate guidance sheet. This is now done through GOV.UK. You will need to provide the unique checking code to us.

### **HMRC Tax Check**

Please see separate guidance sheet. This is done through GOV.UK. You will need to provide the unique checking code to us.

### **Photograph**

You are required to email us a photograph or 'selfie'. This must be a recent picture of yourself, taken within the past 4 weeks, it should be a clear full face picture, with no hats or sunglasses to be worn. Religious headdresses and prescription glasses are permitted if normally worn.

### **Delivering your application and associated papers**

You must email your application to [licensing@warwickdc.gov.uk](mailto:licensing@warwickdc.gov.uk)

### **Processing your application**

Once received, your application will be checked by a member of the Licensing Team. You will be contacted if there are any errors or omissions in your forms or if we require any further information or clarification. It is in your interest to respond quickly to any requests for information that are made as your application will not be progressed until all outstanding queries have been resolved. The licensing team will not accept any responsibility for delays in your application due to missing/incorrect items.

Your application will not be assessed until the licensing team receive notification of the outcome of your DBS certificate content. If the licensing team receive notification that your DBS is 'clear' from the service provider then your application will be assessed. If your DBS contains details of convictions and cautions then your application will not be assessed until licensing officers have seen your certificate. The DBS certificate will be sent directly to you. It is in your interests, therefore, to email the certificate to the licensing team as soon as possible after you receive it.

Once the licensing team receive all of your documents and certificates (including your DBS certificate) your application will be assessed and an officer will determine your eligibility to continue to hold a hackney carriage/private hire driver licence with the District within 10 working days.

If there are issues with your application that fall outside of the current policy on drivers you may be offered the opportunity to speak to a panel of councillors to explain your situation, in order for them to consider your application. You will be contacted by a member of the licensing team if this is the case.

**Please take the time to read the following information and guidance on our website. You will need to know and be conversant with the information contained within the booklets:**

**Private Hire and Hackney Carriage Drivers, Vehicles and Operators Handbook  
(Guidelines relating to the relevance of convictions);**

**[http://www.warwickdc.gov.uk/downloads/file/130/guidelines\\_relating\\_to\\_the\\_relevance\\_of\\_convictions](http://www.warwickdc.gov.uk/downloads/file/130/guidelines_relating_to_the_relevance_of_convictions)**

**Guidance notes and conditions;**

**[http://www.warwickdc.gov.uk/downloads/file/129/guidance\\_notes\\_and\\_conditions](http://www.warwickdc.gov.uk/downloads/file/129/guidance_notes_and_conditions)**

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**Hackney Carriage & Private Hire Driver Licence**  
**Town Police Clauses Act 1847**  
**Local Government (Miscellaneous Provisions Act 1976)**

**Licensing Services, Community Protection,**  
 Riverside House, Milverton Hill, Royal Leamington Spa, CV32 5HZ  
 Tel: 01926 456705 Email: [licensing@warwickdc.gov.uk](mailto:licensing@warwickdc.gov.uk)

**For full details on how we will process and store your data please read the Taxi Licensing Privacy Notice on our website at [www.warwickdc.gov.uk/Licensing](http://www.warwickdc.gov.uk/Licensing)**

**I hereby apply for (please tick as appropriate)**

New Grant

Renewal – Badge Number

**YOU MUST ANSWER ALL QUESTIONS IF NOT THE FORM WILL BE RETURNED TO YOU. PLEASE USE BLOCK CAPITALS.**

**1. YOUR PERSONAL DETAILS**

Title: (Mr, Mrs, etc.)

Family name:

Forename(s):

Previous Names:

Date of Birth:    Place of Birth

Address:

Postcode:

Telephone No:  Mobile No:

National Insurance Number:

How long have you lived in the UK

Have you previously applied for or been refused any application for a Hackney Carriage/  
 Private Hire Drivers Licence with Warwick District Council or any other Licensing Authority

Yes

No

## DRIVING LICENCE DETAILS

How long have you held a full DVLA driving licence (years)

(Minimum period 2 years):

What Groups does your licence cover

DVLA driving licence number:

Valid from:

Expiry Date:

Current endorsements on DVLA driving licence (if none, write "NIL"):

Date of Offence	Offence Code	Points	Fine/Costs

Have you ever been disqualified from driving?

Yes

No

If Yes, please give details below:

Date:

Reason:

Period(s) of disqualification

Have you previously held either a Hackney Carriage or Private Drivers Licence? Yes

No

If Yes, please give details below:

Council licence held with:

Date Licence ceased:

Reason for not continuing the Licence



## 2. CONVICTIONS

You are required to disclose all convictions, cautions, injunctions including antisocial behaviour orders, fixed penalty notices, restraining orders and details of any arrests for the purpose of establishing if an applicant is a "fit and proper" person to hold a licence. All convictions include any spent convictions (not just for Road Traffic Offences) under the Rehabilitation of Offenders Act 1974 and Rehabilitation of Offenders Act (Exceptions) Order 2003 must also be declared. It is an offence under section 57 of the Local Government (Miscellaneous Provisions) Act 1976 to knowingly or recklessly make a false statement on the licence application form.

Have you ever been **convicted** or **cautioned of any offence**, or **received** any of the items listed above?  
Yes  No

- In the box below you must list **ALL** your convictions, police cautions, warnings and reprimands except for "Protected Convictions or Cautions", even if you think they are not relevant or they are very old or you think they are spent or quashed.
- Include all offences and fixed penalty endorsements even if they are very old or they no longer appear on your licence.
- Include them all even if you have listed them on a previous application form.
- Include any convictions, cautions, warnings and reprimands received when you were outside the UK.
- You must include the date (i.e. day/month/year) for every conviction/caution/warning/reprimand etc.
- Use a separate sheet of paper if you need more space.
- If you have **No** convictions, cautions, warnings or reprimands you must write "**NONE**" in the section below.

If you are in any doubt as to what to write down you must contact the Taxi Licensing Office.

If Yes, please give details below (continue on a separate piece of paper if necessary):

Offence	Date of Conviction/Caution	Sentence

Are there any matters related to the prosecutions, convictions, cautions, injunctions including antisocial behaviour orders, fixed penalty notices, restraining orders and details or any arrests pending against you?  
Yes  No

If yes, please give details below:

I confirm that I have read and understood section 2 above regarding convictions and understand it is an offence under section 57 of the Local Government (Miscellaneous Provisions) Act 1976 to knowingly or recklessly make a false statement on the licence application form.

Signature:

PRINT NAME

DATE:

### 3. EMPLOYMENT DETAILS

Please state the name and address of the person who will employ you if this licence is granted:

Name:

Address:

Telephone No:

Will you be working (tick as appropriate)      Full time       Part time

### 4. MEDICAL

**A medical report and declaration is required to be submitted with all new applications. Medical reports are also required to be submitted with all renewal applications every three years, or more often if considered necessary or appropriate.**

**Once an applicant reaches 65 years of age, a medical report and declaration is required annually.**

Have you **ever** suffered from a prescribed medical disability, epilepsy or from sudden attacks of disabling giddiness or fainting from any disease, mental or physical disability likely to interfere with the efficient discharge of your duties as a driver, or to cause the driving of a Hackney Carriage or Private Hire Vehicle to be a source of danger to the public?

Yes       No

If yes, please give details.

## 5. I hereby apply for a vehicle driver's licence and enclose:

- i. Completed application.
- ii. Receipts for the appropriate fees (see separate list for current fees).
- iii. My current UK/EU Driving Licence in Current Address (held for 2 years).
- iv. Copy of the online unique checking code to check the DVLA driving licence.
- v. Copy of the unique checking code to check HMRC tax check has been completed
- vi. A completed medical report and declaration.
- vii. One photograph taken within the preceding month prior to submitting the application.  
*(No hats or sunglasses to be worn and only prescription glasses permitted).*  
Can be taken on a phone
- viii. DBS on-line payment receipt (if on-line payment made)

**Your licence will not be renewed or granted unless all of the required supporting documents are enclosed.**

**Should you withdraw or cancel your application once it has been submitted and accepted, your application fees are none refundable.**

## 6. DECLARATION

I declare that I have checked the information given on this form and that to the best of my knowledge and belief it is correct.

I undertake to comply with the relevant legislation and application procedures administered by Warwick District Council and to immediately notify the Council, in writing, of changes in my personal/business circumstances, including any accidents and medical conditions, during the period of any licences issued.

Signature:

PRINT NAME:

Date:

Email address

**For renewal applications, this form must be submitted by email together with all required documents to [licensing@warwickdc.gov.uk](mailto:licensing@warwickdc.gov.uk) , as soon as possible before the expiry of your existing licence.**

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## MEDICAL CERTIFICATE FOR HACKNEY CARRIAGE AND PRIVATE HIRE DRIVERS

Name of driver .....

Date of birth .....

- The applicant meets the DVLA group 2 medical standard of fitness and is therefore fit to drive hackney carriage/private hire vehicles.
- The applicant does not meet the DVLA group 2 medical standard of fitness and is therefore not fit to drive hackney carriage/private hire vehicles.
- I have found a matter of relevance but I recommend that you do not revoke a current licence for the time being but that you note the following recommendations regarding further medical evidence:
- You should require the driver to produce, within six weeks, a written statement from his doctor stating that **his blood pressure (on medical treatment if necessary) is not consistently above 180/100.**
  - You should require the driver to produce, within two weeks, a written statement from an optometrist stating that **his visual acuity, with glasses if necessary, is at least 6/7.5 in the better eye and 6/60 in the worse eye, using corrective lenses if necessary, and that any necessary spectacle lenses do not have a strength of greater than +8 dioptries.**
  - You should require the driver to produce, within three months, a statement from his GP or hospital specialist stating that **within the last three years he has had an exercise treadmill test or other equivalent test of cardiac function and that this demonstrates that he meets the DVLA group 2 standard.**
  - The driver should produce to you, within six weeks, the form "*Medical statement for drivers with tablet-controlled diabetes*", duly completed by a medical practitioner and by himself. I have given the applicant a copy of this form.
  - He should produce a statement from .. within.. weeks, stating: “..
- The applicant has diabetes treated by insulin and should be considered fit and granted a licence once he has produced to you the form "*Medical statement for drivers with diabetes using insulin*", duly completed by a diabetes consultant and by himself. I have given the applicant a copy of this form. You should require a fresh version of this medical statement to be produced every 12 months.

Is there any reason to have a review before three years, or annually if over the age of 65?

- No, only as above     Yes, more frequently    If yes state what interval is recommended: \_\_\_\_\_

Doctor's signature.....

Doctor's name (please print).....

Date of examination.....

Surgery Stamp:

### Notes for the examining doctor:

**Taxi and private hire drivers must achieve the same medical standard as DVLA group 2 (*Medical Aspects of Fitness to Drive*, The Medical Commission on Accident Prevention 1995; and *Fitness to Drive, A Guide for Health Professionals*, Tim Carter, Chief Medical Advisor to the Department for Transport, 2006)**

If the applicant is applying for a new licence, the required medical standard must be met before the person can be certified as fit. If an applicant is renewing an existing licence, and the problem which is identified is not of immediate medical concern, such as blood pressure marginally above the DVLA group 2 level or visual acuities marginally worse than the DVLA group 2 level, the candidate should be considered to be a "provisionally fit" and allowed to hold a licence with appropriate instructions to the licensing authority as indicated above.

An applicant using insulin for diabetes must produce both a declaration from a diabetes consultant and a declaration signed by himself, confirming a satisfactory level of control and monitoring as specified in the accompanying form "*Medical statement for drivers with diabetes using insulin*". He should not be considered fit to hold a licence until this is done.

An applicant taking sulphonylureas or glinides must produce both a declaration from a doctor and from himself confirming a satisfactory level of control and monitoring as specified in the accompanying form "*Medical statement for drivers with tablets-controlled diabetes*" but may be allowed a period of grace to obtain this evidence. Blood testing must be done every 2 hours whilst driving.

A person who has a history of established ischaemic heart disease including a heart attack, angina, or insertion of a stent at any time in the past, whether recent or distant, must have three yearly exercise treadmill tests or another equivalent functional test and be able to demonstrate a satisfactory standard equivalent to DVLA group 2 standard.

## Medical statement for drivers with diabetes using insulin

Licensing requirements for holding a group 2 licence (lorries and buses) and taxis require people with diabetes treated by insulin to obtain a statement from a hospital specialist and make a declaration themselves. Please obtain a statement from a specialist as below, and please sign the second declaration yourself.

You must have attended an examination by a hospital consultant specialising in the treatment of diabetes, and you must have the following statement from a consultant. The consultant may either sign below or reproduce the statement on headed paper.

Driver's name: _____ Date of birth: _____	
<p>I am a consultant specialising in the treatment of diabetes and I have seen this person in the last year. I confirm that he/she:</p> <ol style="list-style-type: none"> <li>1. has a history of responsible diabetic control.</li> <li>2. currently has a minimal risk of impairment due to hypoglycaemia.</li> <li>3. has undergone treatment with insulin for at least four weeks.</li> <li>4. has full awareness of, and understand the risks of, hypoglycaemia.</li> <li>5. has not, during the immediately preceding year, had an episode of severe hypoglycaemia.</li> <li>6. regularly monitors his or her condition and, in particular, undertakes blood glucose monitoring at least twice daily and at times relevant to driving, using a device that incorporates an electronic memory function to measure and record blood glucose levels, and undertakes to continue so to monitor.</li> <li>7. will continue to have annual reviews with a hospital specialist.</li> </ol>	
Signature of consultant and date:	
Name, address and authentication stamp of consultant:	

You must also sign the following declaration yourself:

Driver's name: _____ Date of birth: _____	
<ol style="list-style-type: none"> <li>1. I understand the risk of hypoglycaemia and will comply with such directions regarding treatment for diabetes as may from time to time be given by the registered medical practitioner overseeing my treatment, or one of the clinical team working under the supervision of that registered medical practitioner.</li> <li>2. I regularly monitor my condition and, in particular, undertake blood glucose monitoring at least twice daily and at times relevant to driving, using a device that incorporates an electronic memory function to measure and record blood glucose levels, and I undertake to continue so to monitor.</li> <li>3. I will immediately report to the licensing authority in writing any significant change in my condition and will follow the advice of my registered medical practitioner, or one of the clinical team working under the supervision of that registered medical practitioner, concerning fitness to drive.</li> </ol>	
Signature and date:	

## Medical statement for drivers with tablet-controlled diabetes

Licensing requirements for holding a group 2 licence (lorries and buses) and taxis require people with diabetes treated by certain tablets as shown below to obtain a statement from their doctor and make a declaration themselves. Please obtain a statement from your doctor as below, and please sign the second declaration yourself.

<p><b>Sulphonylureas, including the following</b>          Chlorpropamide, Glibenclamide, Gliclazide, Glimepiride          Glipizide, Glibense, Tolbutamide</p>	<p><b>Glinides, which include the following tablets</b>          Nateglinide also known as Starlix          Repaglinide also known as Prandin</p>
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You must have attended an examination by a doctor such as your GP who must sign the following statement.

Driver's name _____ Date of birth _____	
<p>This person has attended an examination with me. I am a registered medical practitioner. I confirm that he/she:</p> <ol style="list-style-type: none"> <li>1. has a history of responsible diabetic control and currently has a minimal risk of impairment due to hypoglycaemia.</li> <li>2. has full awareness of hypoglycaemia;</li> <li>3. has not, during the period of one year immediately preceding the date when the licence is granted, had an episode of severe hypoglycaemia; and</li> <li>4. regularly monitors his or her condition and, in particular, undertakes blood glucose monitoring at least twice daily and at times relevant to driving</li> </ol>	
Signature of doctor and date:	
Name, address and authentication stamp of doctor:	

You must also sign the following declaration yourself:

Drivers name: _____ Date of birth: _____	
<ol style="list-style-type: none"> <li>1. I understand the risk of hypoglycaemia and will comply with such directions regarding treatment for diabetes as may from time to time be given by the registered medical practitioner overseeing that treatment, or one of the clinical team working under the supervision of that registered medical practitioner;</li> <li>2. I will immediately report to the licensing authority in writing any significant change in my condition and will follow the advice of my registered medical practitioner, or one of the clinical team working under the supervision of that registered medical practitioner, concerning fitness to drive.</li> </ol>	
Signature and date:	

# Medical Examination Report

To be filled in by the doctor. The applicant must fill in sections 16 and 17.

The doctor should fully examine the patient as well as taking the patient's history and answer **all** questions

**1** Patient's weight

Height

Number of alcohol units taken each week

Details of specialist /consultants, including address (if relevant to DVLA group 2 medical standards)


Date of last appointment

Medication	Dosage	Reason Taken

## **2** Vision

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| <b>A medical standard of at least 6/60 in the worst eye, and 6/7.5 in the better eye is normally required</b>                                    |                          |                          |
| 1. Does the patient's vision reach this standard without glasses or contact lenses?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If no, does the patient's vision reach this standard with glasses or contact lenses?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) If correction is required to meet the above standard, is it well tolerated?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. State the visual acuities <b>of each eye</b> in terms of the 6m Snellen chart. Please convert any 3 metre readings to the 6 metre equivalent. |                          |                          |

<b>Uncorrected</b>		<b>Corrected (if applicable)</b>	
Right <input style="width: 100%;" type="text"/>	Left <input style="width: 100%;" type="text"/>	Right <input style="width: 100%;" type="text"/>	Left <input style="width: 100%;" type="text"/>

*Note 1: It is not necessary to record the uncorrected acuity if the patient requires glasses or contact lenses to reach the above standard.*

*Note 2: In exceptional circumstances a person who has held a licence for many years may be permitted to hold a licence with vision which fails to meet the above acuity standards. The examining doctor is advised to consult the DVLA publication "Assessing fitness to Drive" or seek further guidance in these cases.*

**A patient must not require spectacles which have lenses of +8 dioptres or greater.**

4. Does the patient require spectacles of +8 dioptres or greater to meet the above visual acuity requirement?

*Note 3: It may be necessary for the patient to obtain a declaration from an optometrist to confirm this.*

5. Is there a defect in the patient's binocular field of vision (central and/or peripheral)?
6. Is there diplopia? (controlled or uncontrolled)?
7. Does the patient have any other ophthalmic condition? If **YES** to 4, 5 or 6, please give details in **Section 14**

Patient's name  Date of birth



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**Nervous system**

YES NO

1. Has the patient had any form of epileptic attack?

If YES, please answer questions a–f If NO go to question 2

 

(a) Has the patient had more than one attack?

YES NO

 

(b) Please give date of first and last attack

First attack  Last attack 

YES NO

 

(c) Is the patient currently on anti-epilepsy medication?

If Yes, please fill in current medication on the appropriate section on the front of this form

(d) If no longer treated, date when treatment ended

(e) If the patient has had a brain scan, please state:

MRI  Date  CT  Date 

(f) Has the patient had an EEG? If Yes please give date

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

If YES, please give date(s) and details in **Section 14** 

3. Is there a history of, or evidence of, any of the conditions listed at a–g below?

If NO, go to **Section 4**.If YES, give dates and full details at **Section 14**.(a) Stroke or TIA *please delete as appropriate*If YES, please give date  Has there been a full recovery?

YES NO

 

(b) Sudden and disabling dizziness/vertigo within the last year with a liability to recur

 

(c) Subarachnoid haemorrhage

 

(d) Serious head injury within the last 10 years

 

(e) Brain tumour, either benign or malignant, primary or secondary

 

(f) Other brain surgery or abnormality

 

(g) Chronic neurological disorders e.g. Parkinson's disease, multiple sclerosis

 

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**Diabetes**

1. Does the patient have diabetes mellitus?

If NO, please go to **Section 5**. If YES, please answer the following questions. 

2. Is the diabetes managed by:-

YES NO

(a) Insulin?

 

(b) Other injectable treatments?

 

(c) A sulphonylurea or a glinide?

 

(d) Oral hypoglycaemic agents and diet?

 

(e) Diet only?

 3. **This question does not need to be answered unless the applicant takes insulin or sulphonylurea or glinide**

(a) Does the patient test blood glucose less than two hours before starting driving duties and then every two hours whilst driving?

 

(b) Does the patient test at times relevant to driving?

 

(c) Does the patient carry fast acting carbohydrate in the vehicle when driving?

 

(d) Does the patient have an adequate understanding of diabetes and the necessary precautions for safe driving?

 

Patient's name

Date of birth

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 4. Is there evidence of:-  |                          |                          |
| (a) Loss of visual field?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Severe peripheral neuropathy, sufficient to impair limb function for safe driving?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is there any evidence of impaired awareness of hypoglycaemia?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has there been laser treatment for retinopathy or intra-vitreous treatment for retinopathy?           | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES, please give date(s) of treatment <input type="text"/>  |                          |                          |
| 7. Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person? | <input type="checkbox"/> | <input type="checkbox"/> |
- If YES to any of 4–7 above, please give details in **Section 14**

## 5 Psychiatric illness

Is there a history of, or evidence of, any of the conditions listed at 1–7 below? YES  NO

If NO, please go to **Section 6**

If YES, please tick the relevant box(es) below and give date(s), prognosis, period of stability and details of medication, dosage and any side effects in **Section 14**.

- If patient remains under specialist clinic(s), ensure details are given.
- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Significant psychiatric disorder within the past 6 months                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. A psychotic illness within the past 3 years, including psychotic depression | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Dementia or cognitive impairment  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Persistent alcohol misuse in the past 12 months                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Alcohol dependence in the past 3 years                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Persistent drug misuse in the past 12 months                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Drug dependence in the past 3 years   | <input type="checkbox"/> | <input type="checkbox"/> |

## 6 Coronary artery disease

Is there a history of, or evidence of, coronary artery disease? YES  NO

If NO, go to **Section 7**

- If YES, answer all questions below and give details at **Section 14**.
- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Acute coronary syndromes including myocardial infarction?               | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES, please give date(s) <input type="text"/>                           |                          |                          |
| 2. Coronary artery by-pass graft surgery?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES, please give date(s) <input type="text"/>                           |                          |                          |
| 3. Coronary angioplasty (P.C.I.)   | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES, please give date of most recent intervention <input type="text"/>  |                          |                          |
| 4. Has the patient suffered from angina?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES, please give the date of the last known attack <input type="text"/> |                          |                          |

Patient's name  Date of birth

## 7 Cardiac arrhythmia

Is there a history of, or evidence of, cardiac arrhythmia, or channelopathies including Brugada or long QT syndrome?

YES  NO

If **NO**, go to **Section 8**

If **YES**, please answer all questions below and give details in **Section 14**.

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 last 5 years?

YES  NO

2. Has the arrhythmia been controlled satisfactorily for at least 3 months?

3. Has an ICD or biventricular pacemaker (CRST-D type) been implanted?

4. Has a pacemaker been implanted?

If **YES**:-

(a) Please supply date of implantation

(b) Is the patient free of symptoms that caused the device to be fitted?

(c) Does the patient attend a pacemaker clinic regularly?

## 8 Peripheral arterial disease, aortic aneurysm/dissection

Is there a history or evidence of ANY of the following:

YES  NO

If **YES**, please **tick** ALL relevant boxes below, and give details in **Section 14**.

If **NO**, go to **Section 9**

1. Peripheral arterial disease (excluding Buerger's disease)

YES  NO

2. Does the patient have claudication?

If **YES**, for how long in minutes can the patient walk at a brisk pace before being symptom-limited?

3. Aortic aneurysm

IF YES:

(a) Site of Aneurysm: Thoracic  Abdominal

(b) Has it been repaired successfully?

(c) Is the transverse diameter currently > 5.5cms?

If **NO**, please provide latest measurement and date obtained

4. Dissection of the aorta? If so give full details.

## 9 Valvular/congenital heart disease

Is there a history of, or evidence of, valvular/congenital heart disease?

YES  NO

If **NO**, go to **Section 10**

If **YES**, please answer all questions below and give details in **Section 14**.

1. Is there a history of congenital heart disorder?

YES  NO

2. Is there a history of heart valve disease?

3. Is there any history of embolism? (**not** pulmonary embolism)

4. Does the patient currently have significant symptoms?

5. Has there been any progression since the last licence application? (if relevant)

Patient's name

Date of birth

**10 Cardiac, other**

	YES	NO
Does the patient have a history of any of the following conditions:	<input type="checkbox"/>	<input type="checkbox"/>
(a) a history of, or evidence of, heart failure?		
(b) established cardiomyopathy?		
(c) a heart or heart/ lung transplant?		
(d) Untreated atrial myxoma		
<b>If YES, please give full details in Section 14 of the form. If NO, go to section 11</b>		

**11 Cardiac investigations**

	YES	NO
<b>If you answer yes to any of these questions please give relevant information in Section 14</b>		
1. Has a resting ECG been undertaken?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, does it show:-		
	<b>YES</b>	<b>NO</b>
(a) pathological Q waves?	<input type="checkbox"/>	<input type="checkbox"/>
(b) left bundle branch block?	<input type="checkbox"/>	<input type="checkbox"/>
(c) right bundle branch block?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has an exercise ECG been undertaken (or planned)?		
If YES, please give date <input style="width: 100px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has an echocardiogram been undertaken (or planned)?		
(a) If YES, please give date <input style="width: 100px;" type="text"/>		
(b) If undertaken, was the left ventricular ejection fraction at least 40%?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has a coronary angiogram been undertaken (or planned)?		
If YES, please give date <input style="width: 100px;" type="text"/>		
5. Has a 24 hour ECG tape been undertaken (or planned)?		
If YES, please give date <input style="width: 100px;" type="text"/>		
6. Has a myocardial perfusion scan or stress echo study been undertaken (or planned)?		
If YES, please give date <input style="width: 100px;" type="text"/>		

**12 Blood pressure**

	YES	NO
1. Is today's best systolic pressure reading 180mm Hg or more?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is today's best diastolic pressure reading 100mm Hg or more?	<input type="checkbox"/>	<input type="checkbox"/>
Please give today's reading <input style="width: 150px;" type="text"/>		
3. Is there a history of malignant hypertension?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the patient on anti-hypertensive treatment?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If YES to any of the above, please provide three previous readings with dates, if available</b>		

<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
--	--	--

Patient's name  Date of birth

**13 General**

**YES NO**

Please answer all questions in this section. If your answer is 'YES' to any of the questions, please give full details in **Section 14**.

1. Is there **currently** a disability of the spine or limbs likely to impair control of the vehicle?

2. Is there a history of bronchogenic carcinoma or other malignant tumour, for example, malignant melanoma, with a significant liability to metastasise cerebrally?

If **YES**, please give dates and diagnosis and state whether there is current evidence of dissemination

3. Is there any evidence the patient has a cancer that causes fatigue or cachexia that affects safe driving?

4. Is the patient profoundly deaf?

If **YES**, is the patient able to communicate in the event of an emergency by speech or by using a device,

e.g. a textphone? **YES**  **NO**

5. Does the patient have a history of alcoholic liver disease and/or liver cirrhosis of any origin?

If **YES**, please give details in **Section 14**

6. Is there a history of, or evidence of, sleep apnoea syndrome? If **YES**, please provide details

(a) Date of diagnosis

(b) If yes, is it controlled successfully? **YES**  **NO**

(c) If **YES**, state treatment  (d) Please state period of control

(e) Date last seen by consultant

7. Does the patient suffer from narcolepsy or cataplexy?

If **YES**, please give details in **Section 14**

8. Is there any other **medical condition** causing excessive daytime sleepiness?

If **YES**, please provide details

(a) Diagnosis

(b) Date of diagnosis

(c) Is it controlled successfully? **YES**  **NO**

(d) If **YES**, state treatment  (e) State period of control

(f) Date last seen by consultant

9. Does the patient have severe symptomatic respiratory disease causing chronic hypoxia?

10. Does any medication currently taken cause the patient side effects that could affect safe driving?

If **YES**, please provide details of medication and symptoms

  


Does the patient have any other medical condition that could affect safe driving?

If **YES**, please provide details

  


Patient's name

Date of birth

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Patient's name

Date of birth

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## Medical Practitioner Details

To be filled in by Doctor carrying out the examination

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Please ensure all relevant sections of the form have been filled in as, if not, this will cause the form to be returned for completion

Doctor's details (please print name and address in capital letters)

Name
Address
Telephone

Surgery Stamp and GMC Registration Number

Signature of Medical Practitioner

Date of Examination

# Applicant's Details

To be filled in before the examination

Please make sure that you have printed your name and date of birth on each page before the examination

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## Your details

Your full name
Your address
Email address (optional)

Date of Birth

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Home phone number

--

Work/Daytime number

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## About your GP/group practice

Name of surgery or GP
Address
Phone (if known)

## 17 Patient's consent and declaration

This section **MUST** be filled in and must **NOT** be altered in any way.

Please read the following important information carefully then sign to confirm the statements below.

### Important information about Consent

On occasion, as part of the investigation into your fitness to drive, the Council may require you to undergo a medical examination or some form of practical assessment. In these circumstances, those personnel involved will require your background medical 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. I now authorise the doctor carrying out this assessment to inform the Council of my fitness to drive and to release medical information only to the extent which it is necessary for the Council to make decisions on my fitness and safety to work. I am aware that I can request sight of a report either before or after it is sent.

### 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 Council Medical Advisor about my condition.

I authorise the Council to disclose such relevant medical information as may be necessary to the investigation of my fitness to drive, to doctors, paramedical staff and to release to my doctor(s) details of the outcome of my case and any relevant medical information.

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.

Name

--

Signature

--

Date

--

## IMPORTANT INFORMATION ABOUT YOUR DRIVING LICENCE DVLA LICENCE CHECKS.

Since 8<sup>th</sup> June 2015 the green paper counterpart of your DVLA driving licence is obsolete. However, we still need to check your entitlement to drive and if you have any motoring convictions. This is done by you applying online for a check code which enables us to look at your driving record. There is no charge for this service. **The 'check code' will be valid for 21 days** and shows us what vehicles you can drive and any penalty points or disqualifications you have had.

It's easy to apply for this code, you need your Driving Licence Number, National Insurance Number and your Postcode. See below for instructions on how to do this.

- 1 You need to go to the DVLA web page. [www.gov.uk/view-driving-licence](http://www.gov.uk/view-driving-licence) The page is titled View or share your driving licence information.
- 2 Click the green **START NOW** button towards the bottom of the page. This opens up a new page. You enter your driving licence number, National Insurance number and postcode in the boxes.
- 3 Tick the "**I agree**" box then press the green VIEW NOW button. Your driving licence details will then be displayed.
- 4 You will see a heading **SHARE YOUR LICENCE INFORMATION**, click on this. This opens up a new page.
- 5 Scroll down and click the green **GET A CODE** box and a check code will be generated. Either print this off, take a screen shot, take a picture or write it down, it is case sensitive so make sure you copy it down correctly. Please then email the code to us.



## HOW TO COMPLETE A HMRC TAX CHECK FOR LICENSED DRIVERS AND OPERATORS

From April 2022 you must complete an online tax check if you are applying to renew your licence.

A tax check confirms that you're registered for tax, if necessary.

After you complete the tax check you'll be given a code. You must give it to the licensing authority with your licence application – they will not be able to process your application without it.

Tax check codes expire after 120 days, so if you make a licence application for another licence after that time you'll need to carry out a new licence check for it.

To carry out a tax check, you need a Government Gateway user ID and password. If you do not have a user ID, you can create one when you start the check.

You'll also need to know:

- When you first got your licence
- The length of your most recent licence
- How you pay tax on the income you earn from your licensed trade.

Please follow the link to undertake a tax check:

[Changes for taxi, private hire or scrap metal licence applications from April 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/changes-for-taxi-private-hire-or-scrap-metal-licence-applications-from-april-2022)

**Your licensing body will only receive confirmation from HMRC that you've completed the tax check, they will not have access to information about your tax affairs.**