

# Application for EXEMPTION from carrying passengers in a wheelchair in a Hackney Carriage or Private Hire Vehicle

Equality Act 2010

Office use:

Please complete legibly in Block Letters and delete as applicable. Where any answer box is not applicable please write N/A in the box/column to show you have read and considered the question.

If you require this document in an alternative format, please contact us.

## SECTION 1 – To be completed by the Applicant

Title	Mr	Mrs	Miss/Ms	Other (please state)
First name/s				
Surname/family name				
Date of birth (DD/MM/YYYY)				
Contact phone no.				
Email address				
Dual/ PH licence no.				
Address				
	Postcode:			

**SECTION 2 – To be completed by a Medical Practitioner**

First name/s of Medical Practitioner		
Surname/family name		
Address of registered surgery of Medical Practitioner		
	Postcode:	
Contact phone no.		
Email address		
I confirm the patient is registered at the medical practice above and that I have had access to their medical records when completing this form	Yes	No
Information on any condition, diagnosis or ongoing investigation (you must attach copies of all relevant medical reports or evidence to support the request for exemption such as clinical history, ongoing investigations, or formal diagnosis)		
Please confirm if, in your medical opinion, an exemption from carrying carrying passengers in a wheelchair should be granted	Yes	No
Please confirm if, in your medical opinion, any exemption should be time-limited, and for what period	Yes	No
	Specified period	

Doctor and practice details		Surgery stamp
Printed name of Medical Practitioner		
Signature of Medical Practitioner		
Date (DD/MM/YYYY)		

**SECTION 3 – To be completed by the applicant**

I authorise my Doctor(s) and Specialist(s) to release report/ medical information about my condition, relevant to my fitness to drive, to South Gloucestershire Council in conjunction with my application for exemption and during the period that a licence (if granted) is in force.

I authorise South Gloucestershire Council to disclose such relevant information as may be necessary to the investigation of my application for exemption, and during the period that a licence (if granted) is in force to doctors, paramedical staff, and to inform my doctor(s) of the outcome of the case where appropriate.

I understand that South Gloucestershire Council may require me to undergo further medical tests at my expense now or at any point in the future, if a licence is granted, in order to establish my need for exemption.

I declare that I have checked the details I have given on this application and that, to the best of my knowledge and belief, they are correct.

Signed

Print name

Date (DD/MM/YYYY)