

## New HCD/PHD driver application



Westmorland and Furness Council

## Driver application for hackney carriage and/or private hire vehicles

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### New HCD/PHD driver application

#### Local Government (Miscellaneous Provisions) Act 1976

#### Application for grant of a licence to drive a hackney carriage and/or private hire vehicle

Before completing this form please read the guidance notes at the end of the form.

A. Your details			
Full name(s)			Date of birth
Address			
Postcode			
Home telephone no.			Mobile no.
Email			
Are you entitled to work in the United Kingdom?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
You will need to provide evidence of this entitlement to work.	If you are from:	You will need to provide:	
	UK or Republic of Ireland	Birth certificate or passport <input type="checkbox"/>	
	EU National	Immigration status share code* <input type="checkbox"/>	
	Rest of World	Passport & Visa <input type="checkbox"/>	

• Immigration status share codes can be provided by visiting: [www.gov.uk/view-prove-immigration-status](https://www.gov.uk/view-prove-immigration-status)

B. Type of licence			
1. I wish to apply for a licence to drive:	Hackney carriage <input type="checkbox"/>		Private hire vehicle <input type="checkbox"/>
2. Hackney Driver - State employers name or 'self employed':			
3. Private Hire Driver - State Operators Licence Number:			
4. Have you ever applied for, or held a hackney carriage or private hire vehicle drivers' licence before?	Yes <input type="checkbox"/> - go to B5	No <input type="checkbox"/> - go to B7	
5. If you have previously applied for a hackney carriage / private hire vehicle drivers' licence, was the application rejected?	Yes <input type="checkbox"/> - please explain why in B10	No <input type="checkbox"/> - go to B6	
6. Have you ever had a hackney carriage or private hire vehicle drivers' licence suspended or revoked or allowed to lapse?	Yes <input type="checkbox"/> - please explain why in B10 – if lapsed, give the date it lapsed	No <input type="checkbox"/> - go to B7	
7. Driving Licence number:			
8. Date of Licence expiry:			
9. National Insurance Number:			

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### B. Type of licence (cont.)

10. Please use this section to provide information about your answers in B5 or B6.  
If there is insufficient space, please use a separate sheet.

I hereby apply for the grant of the licence(s) specified in B1.

I declare that I have, for at least twelve months prior to the date of this application, held a driving licence, not being a provisional driving licence, that authorises me to drive on a road a motor vehicle of the following groups (please tick all that apply):

- B (cars, motor vehicles under 3500Kg and no more than 8 passenger seats) ☐
- B Auto (cars etc with automatic transmission) ☐

I hereby give Westmorland and Furness Council consent to view my driving licence information through the government digital enquiry service ([www.gov.uk/view-driving-licence](https://www.gov.uk/view-driving-licence)) and understand that details of my DVLA record and National Insurance number will be shared with other government departments (HMRC and DWP) to check my identity, as described in the **DVLA Privacy Policy** - [www.viewdrivingrecord.service.gov.uk/privacypolicy](https://www.viewdrivingrecord.service.gov.uk/privacypolicy)

I understand that if I knowingly or recklessly make a false statement, or omit any material particulars in giving the above information I may be liable to prosecution under Section 57 of the Local Government (Miscellaneous Provisions) Act 1976.

From 4 April 2022, the rules changed in relation to your tax responsibilities when applying for a taxi, private hire or scrap metal licence for the first time.

Complete a tax check guidance: [www.gov.uk/guidance/confirm-your-tax-responsibilities-when-applying-for-a-taxi-private-hire-or-scrap-metal-licence](https://www.gov.uk/guidance/confirm-your-tax-responsibilities-when-applying-for-a-taxi-private-hire-or-scrap-metal-licence)

You must confirm that you are aware of your tax responsibilities by ticking this box.  
If you do not confirm that you are aware of the guidance, you will not be issued with a licence.

☐

Westmorland and Furness Council

## Driver application for hackney carriage and/or private hire vehicles

The following documents are required, completed and signed where necessary.

C. Documents to enclose	Please tick where appropriate	
	Enclosed?	Official use only
1. My current UK driving licence and counterpart if applicable, or; my EU driving licence and DVLA counterpart	<input type="checkbox"/>	<input type="checkbox"/>
2. Disclosure & Barring Service Enhanced Disclosure Application Form	<input type="checkbox"/>	<input type="checkbox"/>
3. Immigration status share code		
4. Proof of my identity (see list on page 6)	<input type="checkbox"/>	<input type="checkbox"/>
5. Proof of my current address (see list on page 6)	<input type="checkbox"/>	<input type="checkbox"/>
6. Statutory Declaration of criminal offences (pages 8 & 9 of this document) (required every three years)	<input type="checkbox"/>	<input type="checkbox"/>
7. Medical Report Form (completed & signed by my doctor and me) (required every three years)	<input type="checkbox"/>	<input type="checkbox"/>
8. Passport style colour photograph of me which has been taken in past three months	<input type="checkbox"/>	<input type="checkbox"/>
9. LTS Assessment Certificates Practical & Local Knowledge	<input type="checkbox"/>	<input type="checkbox"/>
10. The licence fee	<input type="checkbox"/>	<input type="checkbox"/>
11. I also give Westmorland and Furness Council consent to view my driving licence information through the government digital enquiry service (www.gov.uk)	<input type="checkbox"/>	<input type="checkbox"/>

**I have read and understand the requirements that are outlined above.**

Signed:

Date:

Westmorland and Furness Council

## Driver application for hackney carriage and/or private hire vehicles

### Conditions of application

#### Hackney carriage and private hire drivers' licences

Before the council may grant a licence to drive a hackney carriage or a private hire vehicle, the applicant must comply with the following:-

1. The applicant must satisfy that he/she is a fit and proper person to hold a licence.
2. Complete and submit to the council, an application on the forms prescribed by the council.
3. Pay the council the prescribed fee for a drivers' licence.
4. Satisfy the council that s/he is medically fit to drive a hackney carriage or a private hire vehicle. All drivers are required to submit a medical report upon application for the grant or renewal of a licence. Drivers aged 65 years or over will be required to submit a medical report annually. For this purpose, the applicant shall produce medical report on the form prescribed by the council. The report must be completed and signed by the applicant's own general practitioner. Whether or not such a report has been produced, the applicant shall, if required by the council, undergo a medical examination by a registered medical practitioner, to be selected by the council.
5. Satisfy the council that s/he has held for at least 12 months prior to and is, at the date of the application, the holder of a driving licence (not being a provisional licence) granted to the applicant under the Road Traffic Act 1988 or the corresponding provisions of any later enactment authorising the applicant to drive a motor car.
6. Satisfy the council that the applicant has achieved the requires standard of driving by producing a certificate that was issued by LTS (Lancaster Training Services) to the applicant.
7. Satisfy the council that the applicant has passed the local knowledge test that is set by the council.
8. The applicant must provide one passport type photograph taken within the last three months.
9. The applicant is required to make a declaration of any convictions (including motoring) or Police cautions he/she may have. Any such information provided by the applicant will be treated in confidence and will only be taken into consideration in relation to the application.
10. Applicants should be aware that the Licensing Authority is empowered in law to carry out enquiries for the existence and content of any criminal record held in the name of the applicant. This information, entitled 'Disclosure' is provided by way of application being made to the Disclosure and Barring Service (DBS), an executive agency of the Home Office.
11. The applicant is required on application for the grant of a hackney carriage or private hire drivers' licence to sign a disclosure mandate authorising the council to request from the DVLA their driver record information. The signed mandate also authorises the DVLA to disclose to the council all relevant information relating to the applicants driver record from the computerised register of drivers maintained by DVLA. This includes the applicant's personal details, driving entitlements, endorsement details, disqualifications, convictions, photo images and CPC (where appropriate). Thereafter, the DVLA driving licence verification checks will be required on a 3 yearly basis.
12. The disclosure of a criminal record or other information will not necessarily debar an applicant from gaining a licence unless the council considers that the conviction(s) render him/her unsuitable. In making this decision, the council will consider the nature of the offence; how long ago it was committed and any other factors that may be relevant. Any applicant refused a drivers' licence on the grounds that he/she is not a fit and proper person to hold such a licence has a right of appeal to the Magistrates' Court.
13. The council has adopted guidelines relating to the relevance of convictions or Police cautions for use in determining applications for a Hackney Carriage or a Private Hire Drivers' licence. A copy of these guidelines is enclosed together with the application forms. If you would like to discuss what effect a conviction or a Police caution might have on your application, please contact the Licensing Team, telephone number 0300 373 3300 for confidential advice.
14. The applicant MUST produce their DBS disclosure certificate to the council before a decision is made whether to grant the application for a licence.

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### DBS checklist for driver applications

An applicant for an enhanced DBS check must produce:

1. Original document from Group 1; and
2. Further original documents from Group 1, 2a or 2b; one of which must verify their current address.

Group 1	Tick if produced
Passport	<input type="checkbox"/>
Biometric residence permit	<input type="checkbox"/>
Current driving licence photocard (full or provisional)	<input type="checkbox"/>
Birth certificate - issued within 12 months	<input type="checkbox"/>
Adoption certificate	<input type="checkbox"/>
Group 2a (trusted government documents)	Tick if produced
Current driving licence photocard (full or provisional)	<input type="checkbox"/>
Current driving licence (full or provisional) - paper version (if issued before 1998)	<input type="checkbox"/>
Birth certificate - issued within 12 months	<input type="checkbox"/>
Marriage/civil partnership certificate	<input type="checkbox"/>
Immigration document, visa or work permit	<input type="checkbox"/>
HM Forces ID card	<input type="checkbox"/>
Firearms Licence	<input type="checkbox"/>
Group 2b	Tick if produced
Mortgage statement	<input type="checkbox"/>
Bank or building society statement	<input type="checkbox"/>
Bank or building society account opening confirmation letter	<input type="checkbox"/>
Credit card statement	<input type="checkbox"/>
Financial statement, for example pension or endowment	<input type="checkbox"/>
P45 or P60 statement	<input type="checkbox"/>
Council tax statement	<input type="checkbox"/>
Letter of sponsorship from future employment provider	<input type="checkbox"/>
Utility bill	<input type="checkbox"/>
Benefit statement, for example, child benefit or pension	<input type="checkbox"/>
Central or local government, government agency, or local council document giving entitlement, for example from the Department for Work and Pensions, the Employment Service, HMRC	<input type="checkbox"/>
EEA National ID card	<input type="checkbox"/>
Irish passport card	<input type="checkbox"/>
Cards carrying the PASS accreditation logo	<input type="checkbox"/>
Letter from head teacher or college principal	<input type="checkbox"/>

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### Applicants who aren't a national of the UK

**Non-UK nationals who are eligible for a DBS check and receiving payment for work, even if it is an allowance, for example a foster carer, must use the paid work route.**

	Tick if produced
A current passport or passport card showing that the holder is a national of the Republic of Ireland.	<input type="checkbox"/>
A current document issued by the Home Office to a family member of an EEA or Swiss citizen, and which indicates that the holder is permitted to stay in the United Kingdom indefinitely.	<input type="checkbox"/>
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.	<input type="checkbox"/>
Online evidence of immigration status. Either via the View and Prove service, or using the BRP or BRC online service. Issued by the Home Office 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. Must be valid. Note: this includes the EUSS digital status confirmation.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
A current document issued by the Home Office to a family member of an EEA or Swiss citizen, and which indicates that the holder is permitted to stay in the United Kingdom for a time limited period and to do the type of work in question.	<input type="checkbox"/>
A frontier worker permit issued under regulation 8 of the Citizens' Rights (Frontier Workers (EU Exit) Regulations 2020.	<input type="checkbox"/>
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.	<input type="checkbox"/>
A document issued by the Home Office showing that the holder has made an application for leave to enter or remain under Appendix EU to the immigration rules on or before 30 June 2021 together with a Positive Verification Notice from the Home Office Employer Checking Service.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>



Westmorland and Furness Council

## Driver application for hackney carriage and/or private hire vehicles

### Statutory declaration

To be completed by persons applying for a licence to (1) Drive a hackney carriage and/or private hire vehicle  
(2) Operate private hire vehicles.

**NB: The Rehabilitation of Offenders Act 1974 does not apply to Hackney Carriage/Private Hire Drivers - convictions are never "spent" by virtue of the (Exceptions) (Amendment) Order 2002.**

I (full name):			
Of (full postal address):			
Date of birth:			
<b>Hereby declare that: (tick either declaration 1 or 2 as appropriate):</b>			
1. I have never been convicted of any offence and I have never been cautioned* by the Police for any offence and I am not subject to any pending prosecution.	<input type="checkbox"/>		
2. I list here full details of every offence for which I have been convicted, together with full details of every offence for which I have been cautioned* by the Police, and full details of every offence for which I am currently being prosecuted.	<input type="checkbox"/>		

\*Please note that references to Police cautions include warnings and reprimands issued under Section 65 of the Crime and Disorder Act 1998

Convictions, cautions and pending prosecutions details (Including motoring and criminal)			
Date of conviction/ Cautions/Pending hearing	Offence	Court	Sentence

**If necessary, please continue on reverse of sheet.**

I understand that any information about convictions and Police cautions provided in this application or during the currency of the licence to which this application relates, may be disclosed to a public meeting of the Council's Licensing Sub-Committee, and I consent to such disclosure.

I understand that if I knowingly or recklessly make a false statement or omit any material particulars in giving the above information, I may be liable to prosecution under Section 57 of the Local Government (Miscellaneous Provisions) Act 1976.

Signed:	Date:
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# Medical Examination Report for Hackney Carriage and Private Hire Drivers

## Group II Medical Examination Report Form

### Information notes

It is a requirement under Section 57 of the Local Government (Miscellaneous Provisions) Act 1976 to provide a Medical Examination Report to the effect that you are physically fit to drive a Public, Private Hire or Contract vehicle.

You are required provide a Medical Examination Report to the effect that you are physically fit to hold a Hackney Carriage / Private Hire Driver Licence and is for the confidential use of the Licensing Authority.

This form must be completed by a GP who has access to the full medical/history of the applicant.

You are required to complete a further Group II Medical Report Form for every Driving Licence renewal (every 3 years) until the age of 65. From the age of 65, a Group II Medical Report Form is required annually.

Any fees charged are payable by the applicant.

- **please use this form to record medical examination details**
- **please complete in block capital letters in black ink**

Licensing Officers are not permitted to complete or amend forms on behalf of applicants.

### Note

Any existing licensed private hire/hackney carriage driver must immediately inform the Council in writing of any deterioration in health or of any injury that would affect his/her ability to drive. (This is in addition to the requirement of Section 94 of the Road Traffic Act 1988 requiring any driver to notify the Secretary of State of any relevant disability).

### Guidance notes

#### What you have to do:

1. Before consulting a GP you may find it helpful to consult the DVLA's Assessing fitness to drive document. This is available for download here: Assessing fitness to drive: a guide for medical professionals  
<https://www.gov.uk/government/publications/assessing-fitness-to-drive-a-guide-for-medical-professionals>
2. If, after reading the notes, you have any doubts about your ability to meet the medical or eyesight standards, consult your GP/Optician before you arrange for this medical form to be completed as the GP will normally charge you for completing it. In the event of your application being refused, the fee you pay the GP is not refundable. Westmorland and Furness Council has no responsibility for medical fees.
3. Fill in Section 10 of this report in the presence of the GP carrying out the examination.

4. Application forms must be submitted together with the Group II Medical Report Form otherwise there may be delays in processing your application.

### What the GP has to do:

1. Please arrange for the patient to be seen and examined having access to, and regard for, their medical records.
2. Please complete Sections 1-9 and 11 of this report. Please ensure the applicant completes Section 10 in your presence. You may find it helpful to consult the DVLA's Assessing fitness to drive document. This is available for download here: <https://www.gov.uk/government/publications/assessing-fitness-to-drive-a-guide-for-medical-professionals>
3. Applicants who may be asymptomatic at the time of the examination are to be advised that, if in future they develop symptoms of a condition which could affect safe driving and they hold either a Hackney Carriage and/or Private Hire driver licence they must immediately inform the Licensing Team at Westmorland and Furness Council. Please record any advice given at Section 6.
4. Please ensure that you have completed all Sections within this form. If this report does not bring out important clinical details which may affect the applicant's fitness to drive, please give details in Section 6.

## Westmorland and Furness Council Medical Examination Form

### Important information for doctors

Please read and follow the information below before deciding if you are able to **fully** and **accurately** fill in the vision assessment. **If you are unable to do this, you must tell the applicant that they will need to ask an optician or optometrist to fill it in.**

**We will make a licensing decision based on the information you provide. What you need to assess:**

**If glasses (not contact lenses) are worn for driving, you MUST be able to establish the dioptre measurement of the correction used. If the correction is greater than +8 dioptres in any meridian of either lens, we may not be able to issue a Group 2 licence.**

**Applicants (hackney or private hire) must have, as measured by the 6 metre Snellen chart:**

- a visual acuity of at least 6/7.5 (decimal Snellen equivalent 0.8) in the better eye
- a visual acuity of at least 6/60 (decimal Snellen equivalent 0.1) in the other eye
- this may be achieved with or without glasses or contact lenses
- we cannot accept a Snellen reading shown with a plus (+) or minus (-) e.g. 6/6-2 or 6/9+3
- 3 metre readings must be converted to the 6 metre equivalent

### Before you fill in this report, please:

- check the applicant's identity
- read the information leaflet INF4D (Medical examination report). This can be viewed in PDF format at: <https://www.gov.uk/reapply-driving-licence-medical-condition>

The applicant is responsible for any fee payable for completion of the assessment. Westmorland and Furness Council will not be liable for any costs involved.

Please note that if you complete the vision assessment as well as the medical assessment, you must sign and date both parts of the form.



## Medical Examination Report for a Hackney Carriage or Private Hire Licence

If this form is not fully completed we will return it to you and your application will be delayed

### Your details (applicant)

Name:	<input type="text"/>
Address:	<input type="text"/>
Daytime phone number:	<input type="text"/>
Mobile phone number:	<input type="text"/>
Email:	<input type="text"/>
Date of Birth:	<input type="text"/>

### Your doctor's details:

Doctor's name:	<input type="text"/>
Address:	<input type="text"/>
Phone number:	<input type="text"/>
Email:	<input type="text"/>

### Examining doctor's details: To be completed by the doctor carrying out the examination

Doctor's name:	<input type="text"/>
Address:	<input type="text"/>
Phone number:	<input type="text"/>
Email:	<input type="text"/>
GMC registration number:	<input type="text"/>







1. Please confirm (✓) the scale you are using to express the applicant's visual acuities.

Snellen ☐ Snellen expressed as a decimal ☐ LogMAR ☐

2. The visual acuity standard for Group 2 driving is at least 6/7.5 in one eye and at least 6/60 in the other.

- (a) Please provide uncorrected visual acuities for each eye. Snellen readings with a plus (+) or minus (-) are not acceptable. If 6/7.5, 6/60 standard is not met, the applicant may need further assessment by an optician.

R  L  Yes ☐ No ☐

- (b) Are corrective lenses worn for driving? ☐ Yes ☐ No

**If no, go to Q3.**

If yes, please provide the visual acuities using the correction worn for driving. Snellen readings with a plus (+) or minus (-) are not acceptable. If 6/7.5, 6/60 standard is not met, the applicant may need further assessment by an optician.

R  L

- (c) What kind of corrective lenses are worn to meet this standard?

Glasses ☐ Contact lenses ☐ Both together ☐

- (d) If glasses are worn for driving, is the corrective power greater than plus (+)8 dioptres in any meridian of either lens? Yes ☐ No ☐

- (e) If correction is worn for driving, is it well tolerated? Yes ☐ No ☐

If no, please give full details in Q8.

3. Is there a known visual field defect? Yes ☐ No ☐

4. Are there any medical conditions which might result in a visual field defect? Yes ☐ No ☐

- (a) If yes, has a visual field defect been excluded? Yes ☐ No ☐

- (b) Please provide the condition:

If formal visual field testing is considered necessary, DVLA will commission this at a later date.

5. Is there diplopia? Yes ☐ No ☐

- (a) Is it controlled? Yes ☐ No ☐

Please indicate below and give full details in Q8.

Patch or glasses with frosted glass ☐ Glasses with/without prism ☐ Other (if other please provide details) ☐

6. Does the applicant report symptoms of any of the following that impairs their ability to drive? Yes ☐ No ☐

Please indicate below and give full details in Q8 below.

- (a) Intolerance to glare (causing incapacity rather than discomfort) and/or ☐  
(b) Impaired contrast sensitivity and/or ☐  
(c) Impaired twilight vision ☐

7. Does the applicant have any other ophthalmic condition affecting their visual acuity or visual field? Yes ☐ No ☐

If yes, please give full details in Q8 below.

8. Details or additional information

Name of examining doctor, optician or optometrist undertaking vision assessment


**I confirm that this report was filled in by me at examination and the applicant's history has been taken into consideration.**

Signature of examining doctor, optician or optometrist

Date of signature

D	D	M	M	Y	Y
---	---	---	---	---	---

Please provide your GOC or GMC number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Doctor, optometrist or optician's stamp

Applicant's full name


Date of birth

D	D	M	M	Y	Y
---	---	---	---	---	---

**Please do not detach this page**



## 1 Neurological disorders

Please tick ✓ the appropriate boxes

Does the applicant have a history or evidence of any neurological disorder (see conditions in questions 1 to 11 below)?

Yes No  
☐ ☐

**If no, go to section 2, Diabetes mellitus**

If yes, please answer all questions below.

1. Has the applicant had any form of seizure? Yes No  
☐ ☐
- (a) Has the applicant had more than one seizure episode? ☐ ☐
- (b) Please give date of first and last episode.  
First episode          
Last episode
- (c) Is the applicant currently on anti-seizure medication? ☐ ☐
- (d) If no longer treated, when did treatment end?
- (e) Has the applicant had a brain scan? ☐ ☐  
If yes, please give details in section 9, page 6.
2. Has the applicant experienced any dissociative/functional seizures? Yes No  
☐ ☐
- (a) If yes, please give date of most recent episode.
- (b) If yes, have any of these episode(s) occurred or are they considered likely to occur whilst driving? ☐ ☐
3. Stroke or TIA? Yes No  
☐ ☐  
If yes, give date.
- (a) Has there been a **full** recovery? ☐ ☐
- (b) Has a carotid ultrasound been undertaken? ☐ ☐
- (c) If yes, was the carotid artery stenosis >50% in either carotid artery? ☐ ☐
- (d) Is there a history of multiple strokes/TIAs? ☐ ☐
4. Sudden and disabling dizziness or vertigo within the last year with a liability to recur? ☐ ☐
5. Subarachnoid haemorrhage (non-traumatic)? ☐ ☐
6. Significant head injury within the last 10 years? ☐ ☐
7. Any form of brain tumour? ☐ ☐
8. Other intracranial pathology? ☐ ☐
9. Chronic neurological disorder(s)? ☐ ☐
10. Parkinson's disease? ☐ ☐
11. Blackout, impaired consciousness or loss of awareness within the last 5 years? ☐ ☐

## 2 Diabetes mellitus

Does the applicant have diabetes mellitus? Yes No  
☐ ☐

**If no, go to section 3, Cardiac**

If yes, please answer all questions below.

1. Is the diabetes treated by: Yes No  
(a) Insulin? ☐ ☐  
If no, go to 1c  
If yes, please give date started on insulin.
- (b) Are there at least 4 continuous weeks of glucose readings stored on a memory meter or meters? ☐ ☐  
If no, please give details in section 9, page 6.
- (c) Other injectable treatments? ☐ ☐
- (d) A Sulphonylurea or a Glinide? ☐ ☐
- (e) Oral hypoglycaemic agents and diet? ☐ ☐
- (f) Diet only? ☐ ☐
2. (a) Does the applicant test glucose at least twice every day? Yes No  
☐ ☐
- (b) Does the applicant test glucose at times relevant to driving? (Within 2 hours of starting their first journey of the day and continuing to check at least every 2 hours during their journey. There must be no more than 2 hours between glucose checks at any time during their journey). ☐ ☐
- (c) Does the applicant keep fast-acting carbohydrate within easy reach whilst driving? ☐ ☐
- (d) Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving? ☐ ☐
3. (a) Has the applicant ever had a hypoglycaemic episode? Yes No  
☐ ☐
- (b) Is there full awareness of hypoglycaemia? ☐ ☐
4. Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person? Yes No  
☐ ☐  
If yes, please give details and dates below.
5. Has there been laser treatment or intra-vitreous treatment for retinopathy? Yes No  
☐ ☐  
If yes, please give most recent date of treatment.

Applicant's full name

Date of birth



### 3 Cardiac

#### a Coronary artery disease

Is there a history or evidence of coronary artery disease? Yes No  
☐ ☐

**If no, go to section 3b, Cardiac arrhythmia**

If yes, please answer all questions below.

1. Has the applicant ever had an episode of angina? Yes No  
☐ ☐

If yes, please give the date of the last known attack.

         

2. Acute coronary syndrome including myocardial infarction? Yes No  
☐ ☐

If yes, please give date.

         

3. Coronary angioplasty (PCI)? Yes No  
☐ ☐

If yes, please give date of most recent intervention.

         

4. Coronary artery bypass graft surgery? Yes No  
☐ ☐

If yes, please give date.

         

5. If yes to any of the above, are there any physical health problems or disabilities (e.g. mobility, arthritis or COPD) that would make the applicant unable to undertake 9 minutes of the standard Bruce Protocol ETT? Please give details below. Yes No  
☐ ☐

  
  
  
  
  
  
  
  
  


#### b Cardiac arrhythmia

Is there a history or evidence of cardiac arrhythmia? Yes No  
☐ ☐

**If no, go to section 3c, Peripheral arterial disease**

If yes, please answer all questions below.

1. Has there been a significant disturbance of cardiac rhythm causing/likely to cause incapacity in the last 5 years? Yes No  
☐ ☐

2. Has the arrhythmia been controlled satisfactorily for at least 3 months? Yes No  
☐ ☐

3. Has an ICD (Implanted Cardiac Defibrillator) or biventricular pacemaker with defibrillator/ cardiac resynchronisation therapy defibrillator (CRT-D type) been implanted? Yes No  
☐ ☐

4. Has a pacemaker or a biventricular pacemaker/ cardiac resynchronisation therapy pacemaker (CRT-P type) been implanted? Yes No  
☐ ☐

If yes:

(a) Please give date of implantation.

         

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

(c) Does the applicant attend a pacemaker clinic regularly? ☐ ☐

#### c Peripheral arterial disease (excluding Buerger's disease) aortic aneurysm/dissection

Is there a history or evidence of peripheral arterial disease (excluding Buerger's disease), aortic aneurysm or dissection? Yes No  
☐ ☐

**If no, go to section 3d, Valvular/congenital heart disease**

If yes, please answer all questions below.

1. Peripheral arterial disease? (excluding Buerger's disease) Yes No  
☐ ☐

2. Does the applicant have claudication? Yes No  
☐ ☐  
 If yes, would the applicant be able to undertake 9 minutes of the standard Bruce Protocol ETT? ☐ ☐

3. Aortic aneurysm? Yes No  
 If yes: ☐ ☐

(a) Site of aneurysm: Thoracic ☐  
 Abdominal ☐

(b) Has it been repaired successfully? ☐ ☐

(c) Please provide latest transverse aortic diameter measurement and date obtained using measurement and date boxes.

  cm         

4. (a) Dissection of aorta? Yes No  
☐ ☐  
 (b) If yes, has the dissection been successfully repaired? ☐ ☐

If yes to 4a, please provide copies of all reports including those dealing with any surgical treatment.

5. Is there a history of Marfan's disease? Yes No  
☐ ☐  
 (a) If yes, are there any associated risk factors\*? ☐ ☐

\*risk factors include –

- family history of aortic dissection
- greater than 3mm per year increase than aneurysm diameter
- pregnancy

#### d Valvular/congenital heart disease

Is there a history or evidence of valvular or congenital heart disease? Yes No  
☐ ☐

**If no, go to section 3e, Cardiac other**

If yes, please answer all questions below.

1. Is there a history of congenital heart disease? Yes No  
☐ ☐

2. Is there a history of heart valve disease? Yes No  
☐ ☐  
 (a) If yes, are they symptomatic? ☐ ☐

3. Is there a history of aortic stenosis? Yes No  
 If yes, please provide relevant reports (including echocardiogram). ☐ ☐

4. Has there been any progression (either clinically or on scans etc) since the last licence application? Yes No  
☐ ☐

Applicant's full name

  
  
  
  
  
  
  
  
  


Date of birth

e Cardiac other		
Is there a history or evidence of heart failure?	Yes	No
<b>If no, go to section 3f, Cardiac channelopathies</b>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please answer all questions below.		
1. Please provide the NYHA class, if known.	<input type="text"/>	
2. Established cardiomyopathy?	Yes	No
If yes, please give details in section 9, page 6.	<input type="checkbox"/>	<input type="checkbox"/>
3. Has a left ventricular assist device (LVAD) or other cardiac assist device been implanted?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
4. A heart or heart/lung transplant?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
5. Evidence or history of pulmonary arterial hypertension?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

f Cardiac channelopathies	
Is there a history or evidence of the following conditions?	Yes No <input type="checkbox"/> <input type="checkbox"/>
<b>If no, go to section 3g, Blood pressure</b>	
1. Brugada syndrome?	Yes No <input type="checkbox"/> <input type="checkbox"/>
2. Long QT syndrome?	Yes No <input type="checkbox"/> <input type="checkbox"/>
If yes to either, please give details in section 9, page 6.	

**g Blood pressure**

**All questions must be answered.**

If resting blood pressure is 180 mm/Hg systolic or more and/or 100mm/Hg diastolic or more, please take a further 2 readings at least 5 minutes apart and record the best of the 3 readings in the box provided.

- Please record today's best resting blood pressure reading.
- Is the applicant on anti-hypertensive treatment? Yes No  
If yes, please provide three previous readings with dates if available.  

	/
	/
	/

D	D	M	M	Y	Y
D	D	M	M	Y	Y
D	D	M	M	Y	Y

## h Cardiac investigations

Have any cardiac investigations been undertaken or planned?

**If no, go to section 4, Psychiatric illness**

If yes, please answer questions 1 to 5.

1. Is there a history of the following:

(a) left bundle branch block (LBBB)?

(b) right bundle branch block (RBBB)?

(c) paced rhythm?

If yes to (a), (b) or (c), please give details in section 9, page 6.

**Note: if yes to questions 2 to 5, please give dates in the boxes provided, give details in section 9, page 6.**

2. Has an exercise ECG been undertaken (or planned)?

<p><b>3.</b> Has an echocardiogram been undertaken (or planned)?</p>	<div> <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="V"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> </div>	<p>Yes</p> <input type="checkbox"/>	<p>No</p> <input type="checkbox"/>
<p>(a) If undertaken, is or was the left ejection fraction greater than or equal to 40%?</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p><b>4.</b> Has a coronary angiogram been undertaken (or planned)?</p>	<div> <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="V"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> </div>	<p>Yes</p> <input type="checkbox"/>	<p>No</p> <input type="checkbox"/>
<p><b>5.</b> Has a myocardial perfusion scan, stress echo study or cardiac MRI been undertaken (or planned)?</p>	<div> <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="V"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> </div>	<p>Yes</p> <input type="checkbox"/>	<p>No</p> <input type="checkbox"/>

## 4 Psychiatric illness

Is there any significant mental illness or cognitive impairment likely to affect safe driving? Yes No  
☐ ☐

**If no, go to section 5, Substance misuse**  
If yes, please answer all questions below.

1. Significant psychiatric disorder within the past 6 months? If yes, please confirm condition. Yes No  
☐ ☐

2. Psychosis or hypomania/mania within the past 12 months, including psychotic depression? Yes No  
☐ ☐

3. (a) Dementia or cognitive impairment? Yes No  
(b) Are there concerns which have resulted in ongoing investigations for such possible diagnoses? ☐ ☐

[illegible]

**Applicant's full name**


**Date of birth**

D	D	M	M	Y	Y
---	---	---	---	---	---



## 6 Sleep disorders

1. Is there a history or evidence of Obstructive Sleep Apnoea Syndrome or any other medical condition causing excessive sleepiness? Yes ☐ No ☐

**If no, go to section 7, Other medical conditions.**

If yes, please give diagnosis and answer all questions below.

- a) If Obstructive Sleep Apnoea Syndrome, please indicate the severity:

Mild (AHI <15) ☐

Moderate (AHI 15 - 29) ☐

Severe (AHI >29) ☐

Not known ☐

If another measurement other than AHI is used, it must be one that is recognised in clinical practice as equivalent to AHI. DVLA does not prescribe different measurements as this is a clinical issue. Please give details in section 9 page 6, Further details.

- b) Please answer questions (i) to (iv) for **all** sleep conditions.

(i) Date of diagnosis:         Yes ☐ No ☐

(ii) Is it controlled successfully? ☐ ☐

(iii) Is applicant compliant with treatment? ☐ ☐

(iv) Date of last review.

## 7 Other medical conditions

1. Is there a history or evidence of narcolepsy? Yes ☐ No ☐

2. Is there any impairment resulting from either a physical or non-physical medical condition which is likely to affect the ability to control a vehicle? Yes ☐ No ☐

If yes, please provide information in section 9, page 6.

3. Is there a history of bronchogenic carcinoma or other malignant tumour with a significant liability to metastasise cerebrally? Yes ☐ No ☐

4. Is there any illness that may cause significant fatigue or cachexia that affects safe driving? Yes ☐ No ☐

5. Does the applicant have a history of liver disease of any origin? Yes ☐ No ☐  
If yes, is this the result of alcohol misuse? ☐ ☐  
If yes, please give details in section 9, page 6.

6. Is there a history of renal failure? Yes ☐ No ☐  
If yes, please give details in section 9, page 6.

7. Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia? Yes ☐ No ☐

8. Does the applicant have any other medical condition that could affect safe driving? Yes ☐ No ☐  
If yes, please provide details in section 9, page 6.

## 8 Medication

Is the applicant currently prescribed any of the following medication:

- |                                 | Yes                      | No                       |
|---------------------------------|--------------------------|--------------------------|
| (a) Anti-seizure?               | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Clozapine?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Sulphonylurea or a Glinide? | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Insulin?                    | <input type="checkbox"/> | <input type="checkbox"/> |

## 9 Further details

Do not send any notes not related to fitness to drive.

Use the space below to provide any additional information.

Applicant's full name

Date of birth

9	Further details (continued)

10 Consultants' details	
Please provide details of type of specialists or consultants, including address.	
Consultant in	
Reason for attendance	
Name	
Address	
Date of last appointment:	DDMMYY
Consultant in	
Reason for attendance	
Name	
Address	
Date of last appointment:	DDMMYY
If more consultants seen give details on a separate sheet.	

  

11 Examining doctor's signature and stamp	
To be filled in by the doctor carrying out the examination.	
Please make sure all sections of the form have been filled in. The form will be returned to you if you do not do this.	
I confirm that this report was filled in by me at examination and I have taken the applicant's history into account. I also confirm that I am currently GMC registered and licensed to practise in the UK or I am a doctor who is medically registered within the EU, if the report was filled in outside the UK.	
Signature of examining doctor	
Date of signature	DDMMYY
Doctor's stamp	

[illegible]

DDMMYY

## The applicant must fill in this page

### Applicant's declaration

You **must** fill in this section and **must not** alter it in any way.

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

#### Important information about fitness to drive

As part of the enquiries into your fitness to drive, we (DVLA) may need you to have a medical examination and/or some form of practical assessment. If we do, the individuals involved in these will need your background medical details to carry out an appropriate assessment.

These individuals may include doctors, orthoptists at eye clinics or paramedical staff at a driving assessment centre. We will only share information relevant to the medical assessment of your fitness to drive.

Also, where the circumstances of your case appear to suggest the need for this, the relevant medical information may need to be considered by one or more of the members of the Secretary of State's Honorary Medical Advisory Panels. The membership of these Panels conforms strictly to the principle of confidentiality.

For information about how we process your data, your rights and who to contact, see our privacy notice at [www.gov.uk/dvla/privacy-policy](http://www.gov.uk/dvla/privacy-policy)

#### Declaration

I authorise my doctor, specialist or appropriate healthcare professional to disclose medical information or reports about my health condition to the DVLA, on behalf of the Secretary of State for Transport, that is relevant to my fitness to drive.

I understand that the doctor that I authorise, may pass this authorisation to another registered healthcare professional, who will be able to provide information about my medical condition that is relevant to my fitness to drive.

I understand that the Secretary of State may disclose such relevant medical information as is necessary to the investigation of my fitness to drive to doctors and other healthcare professionals such as orthoptists, paramedical staff and the Secretary of State for Transport's Honorary Medical Advisory panel members.

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.

I understand that it is a criminal offence if I make a false declaration to obtain a driving licence and can lead to prosecution.

Name

Signature

Date

**I authorise the Secretary of State to correspond with medical professionals via electronic channels (email)**

Yes ☐ No ☐

#### Checklist

- |   |                              |
|---|------------------------------|
| • Have you signed and dated the declaration?  | Yes <input type="checkbox"/> |
| • Have you checked that the optician, optometrist or doctor has filled in all parts of the report and all relevant hospital notes have been enclosed? | Yes <input type="checkbox"/> |

#### Important

**This report is valid for 4 months from the date the doctor, optician or optometrist signs it.**

**Please return it together with your application form.**

# Applicant's consent and declaration

## Consent and Declaration

This section MUST be completed and must NOT be altered in any way. Please read the following important information carefully then sign the statements below.

### Important information about Consent

I accept that as part of the investigation into my fitness to drive, Westmorland and Furness Council may require me to undergo further medical examination or some form of practical assessment. In these circumstances, those personnel involved will require my background medical details to undertake an appropriate and adequate assessment. Such personnel might include doctors, specialist consultants, orthoptists at eye clinics or paramedical staff at a driving assessment centre.

Only information relevant to the assessment of my fitness to drive will be released. In addition, where the circumstances of my case appear exceptional, the relevant medical information may need to be further considered, where such further examination / consideration attracts a cost this will be met by me the applicant, (you will be advised of any further costs as appropriate to determine your application) and where matters of a medical nature exist the application may then be determined by the Council's Regulatory Sub-Committee. (The HC/PH Driver licensing process is managed to strict principles of confidentiality, where applications are to be determined by the Council's Regulatory Sub-Committee such meetings are held to the exclusion of the press and public).

I authorise my Doctor(s) and Specialist(s) to release report/medical information about my condition, relevant to my fitness to drive, to Westmorland and Furness Council's medical adviser.

I authorise Westmorland and Furness Council to disclose such relevant medical information as may be necessary to the investigation of my fitness to hold a HC/PH Drivers Licence, to doctors, paramedical, DVLA and to inform my doctor(s) of the outcome of the case where appropriate.

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.

During the period of application and any period when holding a private hire/hackney carriage driver licence, I will immediately inform Westmorland and Furness Council, in writing, of any deterioration in health or of any injury or condition that would affect my ability to drive. (This is in addition to the requirement of Section 94 of the Road Traffic Act 1988 requiring any driver to notify the Secretary of State of any relevant disability.

"I understand that it is a criminal offence if I make a false declaration to obtain a private hire / hackney carriage driving licence and can lead to prosecution."

Applicant Signature:

Date:

