

Contact: Taxi Licensing Team
Tel: 01444 477335
Email: taxilicensing@midsussex.gov.uk

Dear Sir/Madam

Initial Application for Hackney/Private Hire Drivers Licences

If you have any previous criminal convictions recorded against you, or you have been disqualified from driving in the past, please ensure you speak to the Licensing officer before proceeding with your application.

All new applicants must complete the following stages.

1. Provide evidence of being a fit and proper person by undertaking a criminal conviction enquiry with the Disclosure and Barring Service (D.B.S).
You will need to make an appointment to see the Licensing Officer on (01444) 477335 in order to complete a D.B.S enhanced disclosure application form and a DVLA authorisation form.
Please ensure you bring to the appointment evidence of all addresses you have lived at in the preceeding **5 years** a current **Passport**, your **DVLA Drivers Licence** your **Birth Certificate**, a document showing your **National Insurance Number** (National Insurance Number Card or Inland Revenue form or correspondence) plus at least **two utility bills** (Gas, Electricity, etc) which show your current address and are no more than 3 months old).

Only original documents will be accepted.

Your fee is also required at this stage-see

<https://www.midsussex.gov.uk/business-licensing/taxi-licensing/>

All payments should be by debit/credit card or cheque/postal order (made payable to Mid Sussex District Council).

All licensed drivers will be required to evidence continuous registration with the DBS update service to enable the licensing authority to routinely check for new information every six months. The Update Service allows the applicant to pay a subscription fee direct to the Disclosure and Barring Service, in return for ongoing monitoring of the official records for information relating to the applicant. Subscribers will be able to give employers and licensing authorities permission to carry out a status check, in order to verify whether an original DBS certificate remains valid, even if it is several years later.

2. All applicants who have been resident outside the United Kingdom **for more than 3 months** at any time from the age of 18 must obtain a **Certificate of Good Behaviour** from the Police in each of the County, District or Province of the Country (ies) that they have lived in during this period prior to moving to the United Kingdom.
The Certificate(s) must be translated into English and must be certified by the Embassy of the Country (ies) concerned.

3. Any applicant who is resident in the United Kingdom under the terms of a **Student Visa** can be licensed but is not permitted to be self employed and is restricted to working 20 hours a week. You will be required to produce evidence that you are properly employed before any licence is issued.
4. Provide evidence of your Driver licence history by obtaining a DVLA Check Code. This can be obtained from www.gov.uk/view-driving-licence by entering your driver number and National Insurance Number and Post Code. Please note the check code is case sensitive.
5. Provide details of two persons willing to give character references. Please return this completed form to the office as soon as possible.
6. Pass an English Language Proficiency Test or provide evidence of a pass of a relevant English Language Qualification.
7. Pass a knowledge test of the Mid Sussex District Council area. This test is held once a month. **The knowledge test must be booked in advance and payment made at the time of booking.** It is recommended that you obtain a street map of the Mid Sussex District Council area, make use of the internet and the Taxi Licensing policy on our website.
8. Passing a D.O.T. approved medical by your own doctor. It can take up to four weeks to obtain an appointment with some GP's so it is advisable to take this into consideration.
9. Passing a Driving Standards Agency (DSA) or Third Party DSA equivalent standard driving test. If you will be driving a wheel chair accessible vehicle then you must also pass the wheel chair element of the test.
10. Provide evidence of a right to work (see Notes below).

Please note that the D.B.S. and reference checks will only be valid for six months from the date of issue

Notes

A copy of the D.B.S. check will not be forwarded directly to the Taxi Licensing office, you will receive the certificate. This will need to be passed onto the Licensing Officer.

The appropriate driving licence application form will be issued after successfully completing all of the required steps.

This should be completed and submitted along with your medical form, DBS certificate, valid photocard D.V.L.A. driving licence (showing your current address) your DSA Pass Certificate, and one photograph of passport size.

Safeguarding Training

With the introduction and adoption of the Statutory Standards for Taxi and Private Hire Drivers by Mid Sussex District Council Safeguarding Awareness Training is now mandatory for all licensed drivers. It is expected that all new applicants will have successfully completed this training prior to applying for their first licence. Safeguarding Awareness training is provided by West Sussex County Council and the course will be held online and is booked directly with West Sussex County Council. All drivers will successfully pass the assessment module. This is not an exam, simply a way of ensuring that each driver has carefully considered important safeguarding knowledge.

The link to register and book the course is:

<https://www.eventbrite.co.uk/d/online/essential-safeguarding-for-taxi-drivers/>

- Select a suitable date and time for your training webinar.
- Click on "Check Out for £20" – This will take you to a checkout page.
- On the checkout page, please confirm your booking, providing name and email address.

- You will receive an email confirmation from Eventbrite, together with your ticket and the Microsoft Teams link you will need to attend the webinar on your selected date.

Each session is scheduled to last approximately 2 hours. When you have completed both the webinar and the assessment module, you will be sent confirmation of this by West Sussex County Council. This will be your certificate and proof of successful completion.

Send this confirmation certificate to the licensing team as evidence of attendance and successful completion of the Safeguarding training.

Disability Awareness Training

With the introduction and adoption of the Statutory Standards for Taxi and Private Hire Drivers and the update of the Taxi and Private Hire Policy by Mid Sussex District Council Disability Awareness Training is now mandatory for all licensed drivers.

It is expected that all new applicants will have successfully completed this training prior to applying for their first licence.

The training is provided by the Blue Lamp Trust. The course is held online and is booked directly with Blue Lamp Trust.

The link to book the course is <https://www.bluelamptrust.org.uk/disability-classroom-course/>

There is a link to the booking process. These sessions are provided directly by the Blue Lamp Trust and further course dates are frequently added.

The sessions last 3 hours and there is a fee of £40.

Applicants who have already undertaken Disability Awareness Training which may have been obtained as part of the Level 2 NVQ Certificate in Road Passenger Driving (Taxi and Private Hire) or a comparable qualification, or training provided as part of school contract work or undertaken with an alternate licensing authority. Applicants who can provide evidence of participation in these alternative courses will be exempt for this additional training requirement. This evidence will need be in the form of the course completion certificate.

Tax Conditionality Check Code

The Finance Act 2021 introduced additional checks as part of applications to renew licences for taxi and private hire drivers, private hire vehicle (PHV) operators and scrap metal dealers in England and Wales. From 4 April 2022, these licence applicants must complete a 'tax check' and licensing bodies must confirm that an applicant has completed the check.

From the 4th April 2022 Licence applicants must complete a 'tax check' and licensing bodies must confirm that an applicant has completed the check.

The licence holder will be able to complete this tax check on GOV.UK through their Government Gateway account.

The licence holder will have to set Government Gateway account if they do not already have one.

Once the licence holder has completed the tax check, they will get a code. This code must be passed to the Licensing Authority, **an application cannot be proceeded with until the tax check is complete, a licence due for renewal will be suspended until such checks are complete.**

Right to Work Checks

The Council has a legal duty not to issue operator or private hire or taxi driver licences to people disqualified by their immigration status from holding them. This has been introduced by the Government in order to prevent illegal working in the private hire vehicle and taxi sector.

The Immigration Act 2016 states that for all Operator and Taxi/Private Hire driver licence applications made (sent), the Licensing Authority must comply with the legal requirement not to issue a licence to someone who is disqualified from holding the licence by reason of their immigration status. The Licensing Authority must discharge this duty by requiring the applicant to submit one of a number of prescribed documents which show that the applicant has permission to be in the UK and undertake work as an operator or PHV or taxi driver.

The check must be performed when the applicant first applies for a licence or first applies to renew or extend their licence. For those who have time-limited permission to be in the UK, the Council must repeat the check at each subsequent application to renew or extend the licence until such time as the applicant demonstrates that they are entitled to remain indefinitely in the UK.

Therefore, we must conduct 'right to a licence' checks on all applicants for operator or PHV or taxi driver licences. This means we will ask ALL applicants for such licences to provide us with one of the original documents/combination of documents set out at -

<https://www.gov.uk/government/publications/right-to-work-checklist/employers-right-to-work-checklist-accessible-version>

To ensure that we do not discriminate against anyone, we will treat all licence applicants in the same way when they first apply or renew their licence during the licence application process. This demonstrates a fair, transparent, and consistent application process. No assumptions will be made about a person's right to work in the UK or their immigration status on the basis of their nationality, ethnic or national origin, accent, the colour of their skin, or the length of time they have been resident in the UK.

You must provide the original document(s), as indicated in the published guidance, so that the check can take place. The document(s) will be copied, and the copy retained by the licensing authority. The original document will be returned to you.

Biometric Residence Card (BRC), Biometric Residence Permit (BRP) and Frontier Worker Permit (FWP) holders are also only able to evidence their right to work using the Home Office online service. This means we cannot accept or check a physical BRC, BRP or FWP as proof of right to work.



SUPPLEMENTARY INFORMATION FORM FOR THE GRANT OF A HACKNEY CARRIAGE OR PRIVATE HIRE DRIVERS LICENCE

Information is requested in accordance with Section 57 of the Local Government (Miscellaneous Provisions) Act 1976

Full Name:

National Insurance Number: Date of Birth:

Current Address:

Telephone number:.....Email:.....

Have you ever been previously licensed as a Hackney or Private Hire driver? If so state which Authority

Yes/No

How long have you lived at this address? Years months

How long have you lived in the United Kingdom? Years months

Have you been resident in the UK **continuously** since the age of 18 Yes/No

If you have lived outside the UK from the age of 18 for a period of more than 3 months please list all of the Countries and relevant dates below.

.....

.....

National Register of Taxi Licence Refusals and Revocations

The licensing authority provides information to the National Register of Taxi Licence Refusals and Revocations (NR3). This allows licensing authorities to share details of individuals who have had a hackney carriage or private hire licence revoked. All applications for a new licence or licence renewal will automatically be checked on NR3. Any information received as a result of an NR3 search will only be used in respect of the specific license application and will not be retained beyond the determination of that application.

You are advised that the provision of misleading or untruthful information in connection with your application for the grant of a Hackney Carriage or Private Hire Drivers Licence is a criminal offence in accordance with Section 57 of the Local Government (Miscellaneous Provisions) Act 1976

Please complete this form and bring it with you when you come in to see the licensing officer. (without this form your application cannot be processed)

Print name

Sign

Date



**Town Police Clauses Act 1847
Local Government (Miscellaneous Provisions) Act 1976**

**Required additional information for application
(Character reference)**

1. I.....Name in full
of.....
.....
Tel No.....Date of Birth.....

Hereby apply to Mid Sussex District Council for a licence authorising me to act as a driver of a Hackney Carriage and/or Private Hire Vehicle

2. State the name and address of a person (not a relative) of professional or similar standing who has known you personally for at least two years and who is a Commonwealth or Irish Citizen and who are resident in the UK. (MP, Doctor, Minister of Religion, Local Councillor, Bank Officer, Civil Servant, Police Officer, Teacher, Lawyer, etc).
.....
.....
3. State the name and address of a householder (not a relative) in the Mid Sussex area who has known you for at least 2 years and who has agreed to give you a character reference in support of this application. (They must be listed on the electoral register and not a driver, proprietor or operator licensed with Mid Sussex District Council).
.....
.....
4. Have you ever suffered or been treated for any physical condition which may or may become likely to affect your fitness to drive a hackney carriage or private hire vehicle?
Yes/No. Give details if yes.....
.....
5. Are there any prosecutions pending against you? If so please state alleged offence and date of court hearing.
.....
.....

6. DVLA Check code: PLEASE NOTE THE CODE IS CASE SENSITIVE.

.....

Caution

Section 57(3) of the Local Government (Miscellaneous Provisions) Act 1976 provides that if any person knowingly or recklessly makes a false statement or omits any material particular in giving information under this section that person shall be guilty of an offence.

You must declare any unspent conviction even though it has been declared on any previous application or on the D.B.S Disclosure Form.

The information you provide on this form will be retained by the Council.

The Council can be required by law to pass on personal information to other government agencies such as the Police, HMRC, UK Border Agency, and the Benefits Agency.

National Register of Taxi Licence Refusals and Revocations.

The licensing authority provides information to the National Register of Taxi Licence Refusals and Revocations (NR3). This allows licensing authorities to share details of individuals who have had a hackney carriage or private hire licence revoked. All applications for a new licence or licence renewal will automatically be checked on NR3. Any information received as a result of an NR3 search will only be used in respect of the specific license application and will not be retained beyond the determination of that application.

Signed..... Date.....

DSA DRIVING ASSESSMENT

All new drivers must complete successfully a taxi driving assessment to an equivalent standard required by the Driving Standards Agency (DSA). These assessments show that their driving skills are at a nationally acceptable level.

Before you are issued with a Hackney Carriage or Private Hire Driver's Licence you must pass an assessment. It is recommended that you familiarise yourself with the contents of the assessment and we recommend that you take professional instruction prior to taking the assessment.

An additional assessment is required for drivers of wheelchair accessible vehicles.

The assessment is intended to fulfil one of the requirements of the Council taxi licensing procedures. The assessment will be carried out in accordance with the criteria drawn up by DSA which can be provided on request.

There are a number of companies and private individuals authorised to conduct Taxi Driver assessments. In order to establish consistency for all applicants, the Council will only accept assessments to a standard set by the DSA and conducted by assessors who are DSA authorised.

The Council reserve the right to make such enquiries as necessary in order to satisfy themselves about the competence of the examiner and the standard of the test conducted.

Therefore, applicants will be required to provide details of their test and examiner to the Council. Currently the following providers are verified to conduct assessments to the required standard

1. The Blue Lamp Trust
www.bluelamptrust.org.uk
2. Sussex Taxi Training
Kevin Dunham 07787 515964
3. Mann Fleet Solutions
www.mannfleettaxitesting.co.uk
07921 777667
4. Drive Tech
01256 495731, (option 1)
www.drivetech.co.uk/global-business-fleet-solutions/training-product/taxi-test/

Mid Sussex District Council

Taxi Licensing – Knowledge Test

It is the responsibility of the Licensing Authority for Hackney Carriages and Private Hire Vehicles to determine whether applicants for driving licences are fit and proper persons. Part of this process is establishing whether the applicant has sufficient knowledge of the area, knowledge of licencing conditions, basic numeracy and basic customer service to provide a reasonable and reliable service to the fare paying public. Each applicant must pass a knowledge test set by Mid Sussex District Council, the pass rate being 75%. Exams are held once per month. The cost of the exam is £36.00 for each attempt, payable **at the time of booking in advance** by cheque or card. **Cash will not be accepted.**

Each test will comprise of two sections. The first section consists of twenty short questions regarding locations throughout the District. You are strongly recommended to study before taking this test. The applicant will be expected to identify in the exam the location of a particular place by giving the road name or road number and the town or village it is situated in, e.g. **London Road, East Grinstead or A22 East Grinstead**. The applicant must also have knowledge of all the A roads within the area which should include the direction in which they run and the names of the towns and villages that they run through.

The second section of the test consists of 12 multiple choice questions which will check the applicants' knowledge of licensing conditions, legislation applicable to Taxi and Private hire vehicles, basic numeracy and basic customer service.

An example of these questions would be:

Which of these, if any, can park on a taxi rank?

- A. any licensed taxi,
- B. any licensed taxi or private hire vehicle,
- C only a taxi licensed by the local licensing authority,
- D. no vehicles.

A candidate must achieve a pass rate of 75% in both sections of the exam to be successful. The exam length is 45 minutes.

All applicants are required to bring along photo ID, either Passport or Photo-card Driving licence so their identity can be verified prior to taking the exam to ensure that the test is not taken on their behalf by a third party.

To aid study, applicants are advised to research the area of Mid Sussex District Council and are advised to make use of street maps and the internet, paying particular attention to public buildings, sport facilities, educational establishments and business premises.

The licensing conditions for Hackney and Private Hire Vehicle and Drivers can be found on the Mid Sussex District Council website in the Taxi Licensing section and the Taxi and Private Hire Policy.

A list of possible locations that should be studied by the applicant is given below.

To make study for the questions in the first section of the exam easier the area has been divided into three areas

North
Central
South

The subjects are as follows:-

North Area

The Ark
Alexander House Hotel
Bluebell Railway
Charlwood Business Park
Cophorne Hotel
Queen Victoria Hospital
East Grinstead Railway Station
East Grinstead Football Club
East Grinstead Town Council
Gravetye Manor
Highley Manor Hotel
Imberhorne Upper School
Kingscote Station
Kings Centre
Waitrose Store East Grinstead
Tulleys Farm
Saint Hill Manor
Ravenswood Hotel
Wakehurst Place
Sainsbury's East Grinstead
Queens Walk Shopping Centre
South of England Showground

The Atrium
Birches Industrial Estate
Blacklands Farm Activity Centre
Chequer Mead
Deers Leap Park
East Grinstead Library
East Grinstead main Post Office
East Grinstead Hockey Club
The Crowne Plaza (Felbridge) Hotel
High Beeches Gardens
Imberhorne Business Park
Imberhorne Lower School
Standen
Sackville College
Sackville School
St. Swithins Church
The Priest House
Worth Abbey
Nymans Gardens
Cophorne Golf Club
Wetherspoons East Grinstead
Ardingly College

Central Area

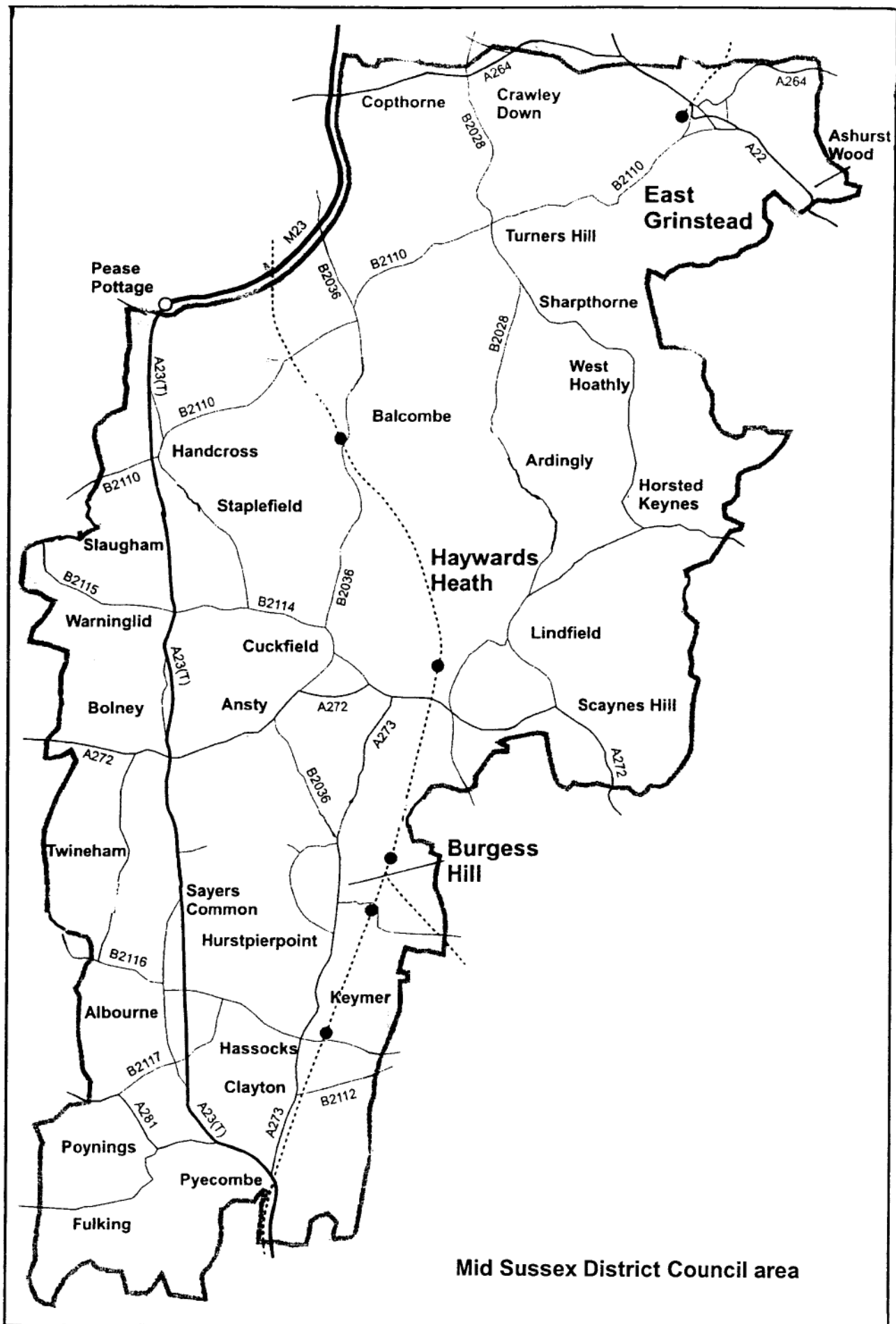
Princess Royal Hospital
Oathall Community College
Haywards Heath Town Hall
Harlands Primary School
Haywards Heath Health Centre
St. Wilfreds Church
Dolphin Leisure Centre
Franklands Village
St. Wilfreds School
Warden Park Academy
United Services Club H.H.
Haywards Heath Rugby Club
Farney Close School
Lindfield Medical Centre
The Birch Hotel
Haywards Heath Football Club
Haywards Heath Library
Borde Hill
Haywards Heath Golf Club

Heath Recreation Ground
Haywards Heath Police Station
M.S.D.C. Offices
Victoria Park
The Orchards Shopping Centre
St. Pauls Church
Clair Hall
Sainsbury's Superstore H.H.
Tesco Express H.H.
Haywards Heath Railway Station
Nuffield Health Hospital
Cuckfield Primary School
Beech Hurst Gardens
Warden Park Primary Academy
Ockenden Manor
St. Josephs Catholic School
Hurstwood Park Hospital
Haywards Heath Town Hall
King Edward Hall

South Area

Oakmeeds School
Victoria Industrial Estate
The Martlets Shopping Centre
St. Johns Church
Triangle Leisure Centre
Wivelsfield Railway Station
Hickstead Showground
Devils Dyke
Tesco Superstore Burgess Hill
British Legion Burgess Hill
International Bible Training Institute
St Pauls Catholic College
Burgess Hill Football Club
B.H. Post Office Sorting Office
Travel Lodge Hickstead
Abbotsford School
Orion Cinema
Singing Hills Golf Club
Burgess Hill Rugby Club
Washbrooks Farm

Braybon Business Park
Burgess Hill Railway Station
Burgess Hill Police Station
London Meed School
Burgess Hill Town Council Office
Waitrose Store Burgess Hill
Worlds End
Jack and Jill Windmills
British Legion Hassocks
The Dene Hospital
Burgess Hill Clinic
St. Andrews Church
Hickstead Hotel
Downlands School
Wickwoods Country Club
West End Farm
Burgess Hill Library
Woodland Meed School
St. Johns Park



English Language Proficiency Test

New Applicants

1. All new applicants for a Hackney or Private Hire Drivers Licence will be required to undergo a proficiency test to demonstrate their ability to communicate effectively in the English Language.
2. The test will be conducted in a form approved by Mid Sussex District Council. The test will be the Versant test through Talentlens. It is approximately 15 minutes long and will be taken at the Council Offices by telephone.
The cost of the test is £57 which is payable in advance.
A pass is an overall score of 55/80 or higher.
3. An outline of the test requirements can be found below

Exemptions

This test will apply to **all** applicants, including those who may be expected to speak English as a first language by virtue of their country of birth.

However, it is proposed to exempt a candidate from any adopted English test requirement if they can demonstrate that they have previously passed a relevant English language qualification at a suitable level, such as:

- a GCSE, GCE O-level or GCE A-level issued by a recognised examining body in the UK (grade C or higher)
- an NVQ, City & Guilds, or similar vocational qualification (level 2 or higher) issued by a recognised examining body in the UK
- an equivalent qualification to either of the above, issued by a recognised examining body in an English-speaking country other than the UK
- a TOEFL, IELTS or ESOL qualification at CEFR level B2 (or equivalent)



Medical Assessment associated with a Licence to drive a Hackney Carriage or Private Hire Vehicle

Notes for the Applicant

This medical examination includes a vision assessment that must be filled in by a doctor or optician/optometrist. Some doctors will be able to fill in both vision and medical assessment section of the report. If your doctor is unable to fully answer all the questions on the vision assessment, you must have it filled in by an optician/optometrist. If you do not wear glasses to meet the eyesight test standard or if you have a minus (-) eyesight prescription, your doctor may be able to fill in the whole report. If you wear glasses and you have asked a doctor to fill in the report, you must take your current prescription to the assessment.

The Council is not responsible for any fees that you may pay to a doctor and/or optician/optometrist and/or other medical specialist, even if you are unable to meet the Group 2 medical fitness to drive standard.

You must take a form of photographic identity to the examination, for example your passport or DVLA driving licence.

- All new driver applications are subject to a full Group II Medical Assessment completed by a GP at the surgery where the applicant is registered.
- Any driver renewing a licence is subject to a further medical at 45,50,55,65 and then annually if they continue to hold a licence or at any time as required by the Council.
- Where evidence is required every 3 years in the form of an exercise ECG, OR stress myocardial perfusion scan OR stress Echocardiogram as required by the DVLA a full medical must also be provided at that time.

General

An applicant/driver with an ongoing medical condition, i.e., diabetes which is controlled by insulin, or has a heart condition, will be required to provide the Council with details of any change in that condition or in their medication.

During the life of a licence:

- (i) a driver diagnosed with a new medical condition or
- (ii) a driver who has an existing condition which develops (and may affect their ability to drive) is required to inform Taxi Licensing Section immediately. In these circumstances a further medical may be required. Licence renewals will not be processed where a Medical Assessment has not been received. Applicants/drivers should ensure that they have allowed plenty of time to book GP appointment(s).



Applicant's details: (to be filled in the presence of the doctor carrying out the examination)

First name(s):	Date of birth:
Surname:	Age:
Current address:	
Contact telephone number:	

Applicant's consent and declaration:

(Please read the following carefully before signing and dating the declaration).

I authorise my General Practitioner(s) and Specialist(s) to release medical information about my condition, together with any relevant information relevant to fitness to drive, to the Taxi Licensing Section of Mid Sussex District Council for the purpose of the Council (by its Officers and/or Members) of assessing my fitness to drive a hackney carriage or private hire vehicle licensed by that Council.

I declare that to the best of my knowledge and belief all information given by me to my doctors in connection with the examination or completion of the DVLA Group 2 medical examination report are true. In the event that the Council is not satisfied of my fitness to drive a hackney carriage or private hire vehicle, I may, at my own cost, submit further medical evidence to the Council as I consider appropriate.

Signed:	Date:
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General Practitioner

This form must be completed in full by the applicant's own General Practitioner.

Please answer all questions and once completed sign the declaration at the end.

The Council's policy on medical fitness requires that taxi drivers meet Group 2 Entitlement, as set out in the DVLA publication 'A Guide to the current Medical Standards of Fitness to Drive'.

This guide refers to current best practice guidance contained in the booklet 'Fitness to Drive' which recommends the medical standard applied by DVLA in relation to bus and lorry drivers should also be applied by local authorities to taxi drivers.

(a) Is the applicant a registered patient of the surgery / medical centre at which

you practice as a registered medical practitioner?

Yes ☐ No ☐

(b) Have you reviewed the above applicant's medical records?

Yes ☐ No ☐

If reviewing a printout of the medical records, please give date of print out:

***IF THE PATIENT IS NOT REGISTERED AT YOUR SURGERY AND YOU ARE REVIEWING A PRINTED HISTORY OF HIS/HER MEDICAL RECORDS – PLEASE ENCLOSE THE FULL COPY OF THE PRINTED HISTORY YOU HAVE SEEN, WITH THIS DOCUMENT.**

1 Vision Assessment – to be completed by the GP or optician/optometrist

Note: you must read the current DVLA guidance so that you can decide whether you are able to fully complete the vision assessment at www.gov.uk/current-medical-guidelines-dvla-guidance-for-professionals

The visual acuity, as measured by the 6 metre Snellen chart must be at least 6/7.5 (decimal Snellen equivalent 0.8) in the better eye and a least Snellen 6/60 (decimal Snellen equivalent 0.1) in the other eye. Corrective lenses may be worn to achieve this standard.

1. Please confirm the scale you are using to express the driver's visual acuities
Snellen ☐ Snellen expressed as a decimal ☐ LogMAR ☐
2. Please state the visual acuity of each eye

Uncorrected		Corrected (using the prescription worn for driving)	
Right	<input type="text"/>	Left	<input type="text"/>
Right	<input type="text"/>	Left	<input type="text"/>
3. Please give the best binocular acuity with corrective lenses if worn for driving
4. If glasses were worn, was the distance spectacle prescription of either lens used of a corrective power greater than plus 8(+8) dioptries?

	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
5. If a correction is worn for driving, is it well tolerated?

	<input type="checkbox"/>	<input type="checkbox"/>
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6. Is there a history of any medical condition that may affect the applicant's binocular field of vision (central and/or peripheral)?

	<input type="checkbox"/>	<input type="checkbox"/>
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If so, then formal field testing may be required
7. Is there a defect in the patient's binocular field of vision (central and/or peripheral)?

	<input type="checkbox"/>	<input type="checkbox"/>
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8. Is there diplopia (controlled or uncontrolled)?

	<input type="checkbox"/>	<input type="checkbox"/>
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9. Does the patient have any other ophthalmic condition?
If YES to questions 4, 5 or 6 please give details in Section 9.

	<input type="checkbox"/>	<input type="checkbox"/>
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In relation to section 1 does the applicant meet the DVLA Group II medical standards? ☐ ☐

If not please indicate reasons why

If eye examination has been completed by an optician/optometrist please give details below

<p>Name:</p> <p>Address:</p> <p>Contact telephone number:</p>	<p>Practice Stamp:</p>
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1. Has the patient had any form of epileptic attack since attaining the age of 5 years? ☐ YES ☐ NO
If **YES**, please answer questions a-f below
 - (a) Has the patient had more than one attack? ☐ YES ☐ NO
 - (b) Please give date of first and last attack
First attack Last attack
 - (c) Is the patient currently on anti-epilepsy medication? ☐ YES ☐ NO
If **YES**, please give details of current medication:
 - (d) If treated, please give date when treatment ended.
 - (e) Has the patient had a brain scan? If **YES**, please state dates. ☐ YES ☐ NO
MRI ☐ Date CT ☐ Date
 - (f) Has the patient had an EEG? ☐ YES ☐ NO
If **YES**, please provide date and details
2. Is there a history of blackout or impaired consciousness within the last 5 years? ☐ YES ☐ NO
If **YES**, please give dates and details at Section 9:
3. Is there a history of, or evidence of, any of the conditions listed at a – g below? ☐ YES ☐ NO
If **NO**, go the Section 3.
If **YES**, please answer the following questions, give dates and full details.
 - (a) Stroke or TIA *please delete as appropriate* ☐ YES ☐ NO
If **YES**, please give date Has there been a **full** recovery? ☐ YES ☐ NO
 - (b) Sudden and disabling dizziness/vertigo within the last one year with a liability to recur ☐ YES ☐ NO
 - (c) Subarachnoid haemorrhage ☐ YES ☐ NO
 - (d) Serious head injury within the last 10 years ☐ YES ☐ NO
 - (e) Brain tumour, either benign or malignant, primary or secondary ☐ YES ☐ NO
 - (f) Other brain surgery/abnormality ☐ YES ☐ NO
 - (g) Chronic neurological disorders e.g. Parkinson's disease, Multiple Sclerosis ☐ YES ☐ NO

In relation to section 1 does the applicant meet the DVLA Group II medical standards? ☐ YES ☐ NO

If not please indicate reasons why

- | | | | |
|----|---|--------------------------|--------------------------|
| 1. | Does the patient have diabetes mellitus?
If NO , please go to Section 4 .
If YES , please FULLY COMPLETE SECTION 3 . | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | If the diabetes managed by?:- | | |
| | (a) Insulin?
If YES , please give date started on insulin & CONFIRM THAT THE STANDARDS FOR INSULIN TREATED DRIVERS ARE MET – SEE BELOW | <input type="checkbox"/> | <input type="checkbox"/> |
| | (b) Exenatide/Byetta? | <input type="checkbox"/> | <input type="checkbox"/> |
| | (c) Oral hypoglycaemic agents and diet?
If YES , please provide details of medication: | <input type="checkbox"/> | <input type="checkbox"/> |
| | <div style="border: 1px solid black; height: 50px; width: 100%;"></div> | | |
| | d) Diet only? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Does the patient test blood glucose at least twice every day? (see note below) | <input type="checkbox"/> | <input type="checkbox"/> |

For diabetics treated with **INSULIN** the following criteria must be met:

- | | | |
|---|--------------------------|--------------------------|
| • full awareness of hypoglycaemia | <input type="checkbox"/> | <input type="checkbox"/> |
| • no episode of severe hypoglycaemia in the preceding 12 months | <input type="checkbox"/> | <input type="checkbox"/> |
| • practices blood glucose testing – at least twice daily, including days when not driving; and | <input type="checkbox"/> | <input type="checkbox"/> |
| • no more than 2 hours before the start of the first journey; and | <input type="checkbox"/> | <input type="checkbox"/> |
| • every 2 hours after driving has started | <input type="checkbox"/> | <input type="checkbox"/> |
| • A maximum of 2 hours should pass between the pre-driving glucose test and the first glucose check performed after driving has started | <input type="checkbox"/> | <input type="checkbox"/> |
| • must use a blood glucose meter with sufficient memory to store 3 months of readings | <input type="checkbox"/> | <input type="checkbox"/> |
| • the applicant's usual doctor who provides diabetes care to undertake an examination at least every 3 years to include review of the previous 3 months glucose readings | <input type="checkbox"/> | <input type="checkbox"/> |
| • arranges an examination to be undertaken every 12 months by an independent consultant specialist in diabetes if the examination by their usual doctor is satisfactory (please attach latest report) | <input type="checkbox"/> | <input type="checkbox"/> |
| • demonstrates an understanding of the risks of hypoglycaemia | <input type="checkbox"/> | <input type="checkbox"/> |
| • has no qualifying complications of diabetes that mean a licence will be refused or revoked, such as visual field defect | <input type="checkbox"/> | <input type="checkbox"/> |

If the medical standards are met, a 1, 2 or 3 year licence will be issued.

For diabetics treated by medication other than insulin and carrying risks of hypoglycaemia the following criteria must be met:

- | | | |
|---|--------------------------|--------------------------|
| • full awareness of hypoglycaemia | <input type="checkbox"/> | <input type="checkbox"/> |
| • no episode of severe hypoglycaemia in the preceding 12 months | <input type="checkbox"/> | <input type="checkbox"/> |
| • practices regular self-monitoring of blood glucose– at least twice daily and at times relevant to driving (ie, no more than 2 hours before the start of the first journey and every 2 hours whilst driving) | <input type="checkbox"/> | <input type="checkbox"/> |
| • demonstrates an understanding of the risks of hypoglycaemia | <input type="checkbox"/> | <input type="checkbox"/> |
| • has no qualifying complications of diabetes that mean a licence will be refused or revoked, such as visual field defect | <input type="checkbox"/> | <input type="checkbox"/> |

If the medical standards are met, a 1, 2 or 3 year licence will be issued.

- | | 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"/> |
| (c) Diminished / Absent awareness of hypoglycaemia? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has there been any laser treatment for retinopathy? | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES, please give date(s) of treatment <input style="width: 150px;" type="text"/> | | |
| 6. Is there a history of hypoglycaemia during waking hours in the last 12 months requiring assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES to any of 4 – 6 above please give details in Section 9. | | |

In relation to section 3 does the applicant meet the DVLA Group II medical standards? ☐ YES ☐ NO

If not please indicate reasons why

4	Psychiatric Illness	YES	NO
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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 5.

If YES, please answer the following questions and give date(s), prognosis, period of stability and details of medication, dosage and any side effects in Section 9. (Please enclose relevant notes). (If patient remains under specialist clinic(s) please give details in Section 9).

- | | YES |
|---|--------------------------|
| 1. Significant psychiatric disorder within the past 6 months? | <input type="checkbox"/> |
| 2. A psychotic illness within the past 3 years, including psychotic depression? | <input type="checkbox"/> |
| 3. Dementia or cognitive impairment? | <input type="checkbox"/> |
| 4. Persistent alcohol misuse in the past 12 months? | <input type="checkbox"/> |
| 5. Alcohol dependency in the past 3 years? | <input type="checkbox"/> |
| 6. Persistent drug misuse in the past 12 months? | <input type="checkbox"/> |
| 7. Drug dependency in the past 3 years? | <input type="checkbox"/> |

In relation to section 4 does the applicant meet the DVLA Group II medical standards? ☐ YES ☐ NO

If not please indicate reasons why

5 Cardiac * (Please read notes below)

Is there a history of, or evidence of, Coronary Artery disease? ☐ ☐

If NO, go to **Section 5B**

If YES, please answer all questions below and give details in **Section 9**.

5A Coronary Artery Disease

YES NO

1. Acute Coronary Syndromes including Myocardial Infarction? ☐ ☐

If YES, please give date(s):

2. Coronary artery by-pass graft? ☐ ☐

If YES, please give date(s):

3. Coronary Angioplasty (P.C.I.)? ☐ ☐

If YES please give date of most recent intervention:

4. Has the patient suffered from Angina? ☐ ☐

If YES, please give the date of the last attack:

In relation to section 5A does the applicant meet the DVLA Group II medical standards? ☐ ☐

If not please indicate reasons why

* If a patient has established coronary heart disease evidence is required that the applicant reaches the functional requirements in the form of an exercise ECG, or stress myocardial perfusion scan or stress echocardiogram. These tests must be completed every three years in accordance with Appendix C, Assessing Fitness to Drive - A guide for medical professionals.

<https://www.gov.uk/government/publications/assessinfitness-to-drive-a-guide-for-medical-professionals>

Applicants cannot meet the requirements without these tests.

5B Cardiac Arrhythmia

YES NO

Is there a history of, or evidence of, cardiac arrhythmia? ☐ ☐

If NO, go to **Section 5C**

If YES, please answer all questions below and give details in **Section 9**.

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? ☐ ☐

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:

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

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

In relation to section 5B does the applicant meet the DVLA Group II medical standards? ☐ ☐

If not please indicate reasons why

5C	Peripheral Arterial Disease (excluding Buerger's Disease) Aortic Aneurysm/Dissection	YES	NO
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Is there a history or evidence of ANY of the following? ☐ ☐

If **NO**, go to **Section 5D**.
 If **YES**, please answer the questions below and give details in **Section 9**.

1. **PERIPHERAL ARTERIAL DISEASE (excluding Buerger's Disease)** ☐ ☐

2. Does the patient have claudication? ☐ ☐

If **YES**, please give details as to how long in minutes the patient can 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: Date Obtained:

4. **DISSECTION OF THE AORTA REPAIRED SUCCESSFULLY:** ☐ ☐

If **YES**, please provide details

In relation to section 5C does the applicant meet the DVLA Group II medical standards? ☐ ☐

If not please indicate reasons why

5D	Valvular/Congenital Heart Disease	YES	NO
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Is there a history of, or evidence of, valvular/congenital heart disease? ☐ ☐

If **NO**, go to **Section 5E**

If **YES**, please answer all questions below and give details in **Section 9** of the form

1. Is there a history of congenital heart disorder? ☐ ☐

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. Is there a history of, aortic stenosis? ☐ ☐

If **YES**, please provide relevant reports.

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

In relation to section 5D does the applicant meet the DVLA Group II medical standards? ☐ ☐

If not please indicate reasons why

5E	Cardiac Other	YES	NO
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10/10

If **YES**, please answer all questions below and give details in **Section 9** of the form

- | | | |
|--|--------------------------|--------------------------|
| (a) A history of, or evidence of, heart failure? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Established cardiomyopathy? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) A heart or heart/lung transplant? | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Has a left ventricular assist device (LVAD) been implanted | <input type="checkbox"/> | <input type="checkbox"/> |

10/10

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5F	Cardiac Investigations (This section must be filled in for all patients)	YES	NO
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If **YES**, does it show:

- | | | |
|--------------------------------|--------------------------|--------------------------|
| (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"/> |

If **YES**, please provide date and give details in **Section 9**:

(a) If **YES**, please give date and give details in **Section 9**:

- (b) If undertaken is/was the left ventricular ejection fraction greater than or equal to 40%? ☐ ☐

If **YES**, please provide date and give details in **Section 9**:

If **YES**, please provide date and give details in **Section 9**:

If **YES**, please provide date and give details in **Section 9**:

10

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5G	Blood Pressure (This section must be filled in for all patients)	YES	NO
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- | | | | |
|----|--|--------------------------|--------------------------|
| 1. | Is today's best systolic pressure reading 180 mm/Hg or more? (Please give reading) | <input type="checkbox"/> | <input type="checkbox"/> |
| | BP reading: <input style="width: 150px;" type="text"/> | | |
| 2. | Is today's best diastolic pressure reading 100mm Hg or more? (Please give reading) | <input type="checkbox"/> | <input type="checkbox"/> |
| | BP reading: <input style="width: 150px;" type="text"/> | | |
| 3. | Is the patient on anti-hypertensive treatment? | <input type="checkbox"/> | <input type="checkbox"/> |

If **YES** to any of the above please provide three previous readings with dates if available:

BP reading 1:	<input style="width: 150px;" type="text"/>	Date:	<input style="width: 150px;" type="text"/>
BP reading 2:	<input style="width: 150px;" type="text"/>	Date:	<input style="width: 150px;" type="text"/>
BP reading 3:	<input style="width: 150px;" type="text"/>	Date:	<input style="width: 150px;" type="text"/>

In relation to section 5G does the applicant meet the DVLA Group II medical standards?	<input type="checkbox"/>	<input type="checkbox"/>
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If not please indicate reasons why

6	General	YES	NO
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Please answer all questions in this section.
 If your answer is **YES** to any question please give full details in **Section 9**.

- | | | | |
|----|--|--------------------------|--------------------------|
| 1. | Is there currently a disability of the spine or limbs likely to impair control of the vehicle? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | (a) Is there a history of bronchogenic carcinoma or other malignant tumour, for example, malignant melanoma, with a significant liability to metastasise | <input type="checkbox"/> | <input type="checkbox"/> |
- If **YES**, please give dates and diagnosis and state whether there is current evidence of dissemination?

- | | | | |
|----|---|--------------------------|--------------------------|
| 3. | (b) Is there any evidence the patient has a cancer that causes fatigue or cachexia that affects safe driving? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Is the patient profoundly deaf? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If YES , is the patient able to communicate in the event of an emergency by speech or by using a device e.g. a text/phone? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Is there a history of either renal or hepatic failure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Is there a history of, or evidence of sleep apnoea syndrome? | <input type="checkbox"/> | <input type="checkbox"/> |
- If **YES** please indicate severity
- | | | | | | | | |
|----------------|--------------------------|------------------------|--------------------------|------------------|--------------------------|-----------|--------------------------|
| Mild (AHI <15) | <input type="checkbox"/> | Moderate (AHI 15 – 29) | <input type="checkbox"/> | Severe (AHI >29) | <input type="checkbox"/> | Not known | <input type="checkbox"/> |
|----------------|--------------------------|------------------------|--------------------------|------------------|--------------------------|-----------|--------------------------|

(a) Date of diagnosis

(b) Is it controlled successfully?

☐ ☐

(c) If YES, please state treatment

(d) Please state period of control

(e) Please provide neck circumference

(f) Please provide girth measurement in cms

(g) Date last seen by consultant with copy of latest outpatient letter.

6. Does the patient suffer from narcolepsy or cataplexy?

☐ ☐

7. Is there any other Medical Condition causing daytime sleepiness?

☐ ☐

If YES, please provide details

(a) Diagnosis

(b) Date of diagnosis

(c) Is it controlled successfully?

☐ ☐

(d) If YES, please state treatment

(e) Please state period of control

(f) Date last seen by consultant

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

☐ ☐

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

☐ ☐

If YES, please provide details:

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

☐ ☐

If YES, please provide details:

In relation to Section 6 does the applicant meet the DVLA Group II medical standards?

☐ ☐

If not please indicate reasons why

7 Alcohol and/or Drug Mis-Use**YES NO**

Please answer all questions in this section.

If your answer is YES to any question please give full details in **Section 9**.

1. Does the patient show any evidence of being addicted to the excessive use of alcohol? ☐ ☐

2. Does the patient show any evidence of being addicted to the excessive use of drugs? ☐ ☐

In relation to section 7 does the applicant meet the DVLA Group II medical standards? ☐ ☐

If not please indicate reasons why

8 Equalities Act 2010**YES NO**

Please answer all questions in this section.

If your answer is **YES** to any question please give full details in **Section 9** and include copies of any relevant medical reports.

1. Does the patient have any medical or any physical condition that makes it impossible or unreasonably difficult for them to load or unload a passenger seated in a wheelchair into a vehicle, load a wheelchair into the boot of a vehicle or give reasonable assistance to a disabled passenger (while still able to comply with all Group 2 driving requirements)? ☐ ☐

2. Does the patient have any medical condition that requires an exemption from carrying guide dogs, hearing dogs or other assistance dogs? ☐ ☐

9 Additional Information**10 Other Conditions****YES NO**

Does the applicant suffer from any disease or disability not mentioned above, which is likely to interfere with the efficient discharge of his or her duties as a driver, or to cause driving by him or her on a vocational licence to be a source of danger to the public. ☐ ☐

If 'YES', please specify.

GENERAL PRACTITIONER

DECLARATION: Please read the following carefully before completing, signing and dating the declaration.

If the applicant/patient is not a registered patient with your practice or you have not reviewed his/her medical records then do not complete the declaration.

I **certify** that I am familiar with the current requirements of Group 2 medical standards applied by the DVLA in the current version of "Medical Standards of Fitness to Drive".

I **certify** that I have reviewed the applicant's medical records and that in my opinion nothing therein contradicts or tends to contradict the information given to me by the applicant.

I **certify** that I have today undertaken a medical examination of the applicant for the purpose of assessing their fitness to act as a driver of a Hackney Carriage or Private Hire driver under the DVLA Group 2 medical standards

I certify that having regard to the foregoing, the applicant

MEETS

☐

DOES NOT MEET

☐

the minimum standards required for the DVLA Group 2 medical standards.

Doctor's name & GMC number

Surgery name:

Surgery address:

Signed:

Surgery Stamp:

(not accepted without surgery stamp)

Date: