

LICENSING AUTHORITY

www.oxford.gov.uk



LICENSING AUTHORITY:

Hackney Carriage and / or Private Hire Driver Licence Application Forms



OXFORD CITY COUNCIL

Hackney Carriage and / or Private Hire Driver Licence Application Forms

- 1. Driver Application Form**
- 2. Annual Background Checks Form**
- 3. DVLA Online Check Code Form**
- 4. Right to Work (RTW) Online Share Code Form**
- 5. HMRC Tax Check Code Form**
- 6. Medical Report Form**

APPLICATION FORM: HACKNEY CARRIAGE / PRIVATE HIRE DRIVERS LICENCE

Preamble: We may get information about you from certain third parties, or give information to them, to check the accuracy of information, to prevent or detect crime, or to protect public funds in other ways, as permitted by law. These third parties include other local authorities and Government departments.

To: The Head of Regulatory Services and Community Safety, Oxford City Council, 109 St Aldate's Chambers, Oxford, OX1 1DS

ALL QUESTIONS MUST BE ANSWERED

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

THIS APPLICATION FORM MUST BE COMPLETED BY THE APPLICANT

FULL NAME:	
ADDRESS:	POSTCODE:
MOBILE TELEPHONE:	HOME TELEPHONE:
EMAIL ADDRESS:	NATIONAL INSURANCE NO.:
DATE & PLACE OF BIRTH:	NATIONALITY:
I am applying for the: GRANT / RENEWAL (mark as applicable) for a period of THREE YEAR / ONE YEAR (mark as applicable) a: of HACKNEY CARRIAGE / PRIVATE HIRE (mark as applicable) DRIVER LICENCE CURRENT BADGE NUMBER (if applicable) HPD / PHD (mark as applicable): NUMBER OF YEARS YOU HAVE HELD A UK DRIVING LICENCE:	
PROOF OF ENTITLEMENT TO WORK IN UK:	YES / NO (mark as applicable)
PROOF OF COMPETENCY IN ENGLISH LANGUAGE (New applicants only):	YES / NO (mark as applicable)
PROOF OF PASSING DRIVER STANDARD ASSESSMENT FOR HC & PH (New applicants only):	YES / NO (mark as applicable)
HAVE YOU <u>EVER</u> BEEN OR CURRENTLY ARE A LICENSED DRIVER WITH ANY OTHER AUTHORITY? YES / NO (mark as applicable) PLEASE GIVE DETAILS OF <u>ALL</u> LICENCE(S) YOU HOLD/HELD - LICENCE NUMBER AND LICENSING AUTHORITY:	
WHICH PRIVATE HIRE OPERATOR DO / WILL YOU OPERATE FOR?	
HAS THERE BEEN <u>ANY</u> CHANGE IN YOUR HEALTH OR EYESIGHT SINCE THE GRANT OF YOUR PREVIOUS LICENCE: YES / NO (mark as applicable) IF YOU HAVE ANSWERED YES, PLEASE GIVE FULL DETAILS:	
HAS YOUR DVLA DRIVER'S LICENCE BEEN SUSPENDED / REVOKED / ENDORSED (POINTS) FOR ANY OFFENCE IN THE <u>LAST THREE YEARS</u> (IT IS OFFENCE TO FAIL TO DECLARE SUCH MATTERS)? YES / NO (mark as applicable) IF YOU HAVE ANSWERED YES, PLEASE GIVE DATES AND FULL DETAILS FOR 3 YEARS PERIOD:	
HAVE YOU <u>EVER</u> BEEN CONVICTED OR CAUTIONED FOR A CRIMINAL OFFENCE? YES / NO (mark as applicable): ARE YOU CURRENTLY AWAITING TRIAL, FACING CHARGES OR ARE UNDER INVESTIGATION FOR A CRIMINAL OFFENCE? YES / NO (mark as applicable): IF YOU HAVE ANSWERED "YES" TO EITHER OR BOTH OF THE ABOVE QUESTIONS, PLEASE GIVE DATES AND FULL DETAILS (INCLUDING PENDING COURT DATES) (PLEASE NOTE IT IS AN OFFENCE TO FAIL TO DECLARE SUCH MATTERS):	

DECLARATION:

I am aware that if any person knowingly or recklessly makes a false statement or omits any material particular in giving information on this form that person shall be guilty of an offence. This means that if you as the applicant or anyone else gives false information or leaves out any information to help you get a licence, you and/or they can be prosecuted in court. I declare that I have checked the details given and to the best of my knowledge and belief they are correct. I am entitled to the licence for which I apply.

DATE:..... **SIGNATURE:**..... **PRINTED NAME:**.....

Privacy Notice: This Authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, see http://www.oxford.gov.uk/info/20141/data_protection/560/privacy_notice

FOR OFFICE USE ONLY: PARIS INCOME CODES: COST CENTRE: ED24 HPD: K9591 PHD: K9593

Licensing Authority
Direct Line: 01865 252565
E-mail: licensing@oxford.gov.uk

3rd Floor, St. Aldate's Chambers
109 St. Aldate's
Oxford
OX1 1DS

Central Number: 01865 249811



ANNUAL BACKGROUND CHECKS

HACKNEY CARRIAGE AND / OR PRIVATE HIRE DRIVER LICENCE

The Licensing Authority shall carry out annual checks of the status of your DVLA Driver Licence and your Disclosure and Barring Services (DBS) Online Update Service record in order to uphold the objective of Public Safety and promote Safeguarding.

By completing this form you are giving your permission to the Licensing Authority to access the records and carry out annual background checks for the full duration of your Hackney Carriage and / or Private Hire Driver Licence.

Section 1 - To be completed by the applicant:

FULL NAME: _____

ADDRESS: _____

_____ **POSTCODE:** _____

MOBILE TEL. NO.: _____

EMAIL ADDRESS: _____

DATE & PLACE OF BIRTH: _____

HACKNEY CARRIAGE AND / OR PRIVATE HIRE DRIVER LICENCE NO. : _____

DBS CERTIFICATE NUMBER: _____

DVLA DRIVING LICENCE NO. _____

Acknowledgement

The Driver shall, if subject of any formal Police action including if arrested, released on Police Bail, released Under Investigation, charged with an offence, convicted of an offence, summonsed for an offence, reported for an offence or received a fixed penalty notice for an offence (including motoring endorsements) or accepts a caution, he or she must (within seven days of the action) give full details of it to the Council in writing.

Declaration and Consent:

Being the person referred to in Section 1 above, I authorise the Licensing Authority, Oxford City Council to carry out annual background checks on my DVLA Driver Licence and Disclosure and Barring Services Online Update Service (DBS) record for the three year duration of my Hackney Carriage and / or Private Hire Driver Licence. This authority will expire on the expiration of my Hackney Carriage and / or Private Hire Licence issued by this Authority.

Privacy Notice – DBS Standard/Enhanced checks (paper and e-Bulk applications) declaration:

I have read the DBS Standard/Enhanced Check Privacy Policy for applicants <https://www.gov.uk/government/publications/dbs-privacy-policies> and I understand how DBS will process my personal data and the options available to me for submitting an application.

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

Signature: Printed Name:

Date:



DVLA ONLINE LICENCE CHECK

View Driving Licence (VDL) / Check Driving Licence (CDL)

DVLA has reviewed their driver enquiry services to align with the government strategy for supplying cost effective electronic and digital services. As a result of that, from 1st December 2018, the Driver Licence Check (DLC) service will be discontinued. The DVLA Mandate Form D906 will no longer be valid. That means the Authority will be unable to use that service to carry out DVLA driving Licence checks for new / renewal Hackney Carriage and/ or Private Hire Drivers Licence applications.

From 1st December 2018 the Licensing Authority shall carry out DVLA driving licence checks via View Driving Licence (VDL) information service and the Check Driving Licence (CDL) service.

VIEW OR SHARE YOUR DRIVERS LICENCE INFORMATION

You can use this service to:

- view your driving record, for example vehicles you can drive
- check your penalty points or disqualifications
- create a licence 'check code' to share your driving record with someone

The 'check code' will be valid for 21 days

All applicants for new / renewal of Hackney Carriage and/ or Private Hire Drivers Licence are required to use the DVLA View Driving Licence (VDL) information service and generate a 'Check Code' in order to allow the Licensing Authority to carry out check on their driving history.

PROCESS TO FOLLOW PRIOR TO APPOINTMENT

1. Access the online service at: www.gov.uk/view-driving-licence
2. Then follow these steps:

1. Click **Start now >**

2. Complete these details:

Your driving licence number

Your National Insurance Number

The postcode on you driving licence

3. Click **View now**

4. Click **Get your check code**

The screenshot shows the GOV.UK interface with the following elements:

- Header: GOV.UK View your driving licence information
- Sub-header: We welcome your feedback to help us improve this service Logout
- Navigation tabs: Your details, Vehicles you can drive, Penalties and disqualifications, **Get your check code** (circled in red)

5. Click **Get a code**

6. **Write down the Check Code and bring it to the appointment – Use the form on page 30.**

The screenshot shows a green box with the following content:

- Your check code is: **Hz Gh 8w Yz** (circled in red)
- This code:
 - is case sensitive
 - is valid for 21 days
 - can only be used once
- Print or save a driving summary (with a PDF icon)

Do not print or save a driving summary



DVLA – CHECK CODE FORM

Ensure you generate the CHECK CODE online prior to your appointment and sign the declaration

(see previous page for instructions)

Section 1 – To be completed by the applicant:

FIRST NAME:

MIDDLE NAME(S):

SURNAME:

DVLA DRIVING LICENCE NUMBER:

CHECK CODE (the code is case sensitive):

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

Declaration and Consent

Being the person referred to in Section 1, I authorise the Licensing Authority, Oxford City Council to conduct a check on my DVLA Drivers Licence status by using the DVLA check code provided for the purposes of my Hackney Carriage and / or Private Hire Driver (Operator) licence application.

I declare that I have checked the details I have provided and that to the best of my knowledge and belief they are correct.

Signature:..... Printed Name:.....

Date:.....

RIGHT TO WORK ONLINE SHARE CODE

The Immigration Act 2016 (The 2016 Act) amended existing licensing regimes in the UK to seek to prevent illegal working in the private hire vehicle (PHV) and taxi sector. Since 1st December 2016, the provisions in the 2016 Act have prohibited all licensing authorities across the UK from issuing licences to anyone who is disqualified by reason of their immigration status. This duty can be discharged by conducting immigration checks.

The Home Office issued an updated 'Guidance for Licensing Authorities to prevent illegal working in the Taxi and Private Hire sector in England and Wales' in December 2021.

Licensing authorities are under a duty not to issue licences to people who are disqualified from holding them due to their immigration status. In determining whether someone is disqualified, licensing authorities are under a statutory duty to have regard to this guidance.

The check must be performed when the applicant applies for a licence or applies to renew or extend their licence, whether for the full statutory term or a lesser period, on or after 1 December 2016. For those who have limited permission to be in the UK, the licensing authority 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

From 6th April 2022 the Licensing Authority shall carry out online Right to Work Checks for eligible applicants in line with the guidance. The applicants are required to evidence their right to work status by providing the Licensing Authority with a Right to Work Share Code (9 characters).

WHO DOES THIS REQUIREMENT APPLY TO:

This requirement applies to the following applicants:

- Applicants who have been granted status as part of the **EU Settlement Scheme**
- Applicants who hold a **Biometric Residence Permit or Biometric Residence Card**
- Applicants who have been granted status under the **points based immigration system**

Please be aware that the share code is valid for 90 days.

HOW TO OBTAIN A RIGHT TO WORK (RTW) SHARE CODE

1. To generate your right to work share code you must visit the following website:
<https://www.gov.uk/prove-right-to-work>
2. Follow the instructions and questions on the website.
3. Choose the relevant immigration status option for your application.
4. Follow the next steps to generate your right to work online Share Code.
5. Once you have been issued the online RTW Share Code, write it down on the Right to Work Share Code Form (next page). You will be required to submit that form with the valid Share Code for you licensing application.
6. Once you have provided the online Share Code with a valid licensing application, an Officer will be in contact with you to arrange a video call to carry out the right to work check, and to confirm you are the applicant providing the Right to Work Share Code.

RIGHT TO WORK ONLINE SHARE CODE FORM

Ensure you generate the SHARE CODE online prior to submitting your application and sign the declaration
(see previous page for instructions)

Section 1 – To be completed by the applicant:

FIRST NAME:

MIDDLE NAME(S):

SURNAME:

HOME ADDRESS:

DATE OF BIRTH:

CHECK CODE (the code is case sensitive):

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

Please note the share code must begin with a W – which indicates the share code has been generated for the purposes of evidencing the Right to Work.

Declaration and Consent

Being the person referred to in Section 1, I authorise the Licensing Authority, Oxford City Council to conduct a check on my right to work status by using the right to work share code provided for the purposes of my Hackney Carriage and / or Private Hire Driver (Operator) licence application.

I declare that I have checked the details I have provided and that to the best of my knowledge and belief they are correct.

Signature:..... Printed Name:.....

Date:.....

Schedule 23 of the Finance Act 2011 (Data Gathering Powers) & Schedule 36 of the Finance Act 2008 (Information & Inspection Powers), grant HMRC powers to obtain relevant information from third parties. This includes Licensing Bodies being required to provide information about licence applications.

From 4th April 2022, Licensing Authorities are obliged by law (Schedule 33 of the Finance Act 2021) to carry out checks on licensing applications from individuals, companies and any type of partnership to ensure the applicants are aware of their tax responsibilities and / or have completed a Tax Check. The requirements apply as follow:

WHO / HOW DOES THIS REQUIREMENT APPLY TO:

Declaration:

- All persons making a New Hackney Carriage and / or Private Hire Driver licence application, applying for the first time, (and have not held a similar licence elsewhere in England or Wales within the last 12 months) must confirm that they are aware of their tax responsibilities

Tax Check:

The following applicants are required to complete a HMRC 'Tax Check' and provide the Licensing Authority with a 'Tax Check Code' (9 characters) as part of the application:

- All Hackney Carriage and / or Private Hire Driver licence holders renewing their licence
- All applicants who are applying for the same type of licence they previously held, which expired less than 12 months ago;
- All applicants who are applying for the same type of licence they already hold with another Licensing Authority

Please be aware that the 'tax check code' expires after 120 days. .

PROCESS TO FOLLOW TO OBTAIN A TAX CHECK CODE

1. Access the online service at: <https://www.gov.uk/guidance/complete-a-tax-check-for-a-taxi-private-hire-or-scrap-metal-licence>
2. If you do not have a Government Gateway User ID and password you can register for one here: <https://www.gov.uk/log-in-register-hmrc-online-services/register>

NOTE TO ALL APPLICANTS:

- No licence application will be processed without this form having been submitted to the Council when you make your licence application
- No licence will be granted or renewed without the Council being satisfied that you have undertaken the necessary tax obligations placed on you by HMRC and that you are aware of the content of HMRC Guidance relating to your tax responsibilities

FURTHER GUIDANCE (Tax Responsibilities):

If you've not yet registered yourself / your business to pay tax on earnings from your licensed trade, please check if you need to register as soon as possible:

- if you're an employee, find information on Pay As You Earn (PAYE): www.gov.uk/income-tax/how-you-pay-income-tax
- if you're self-employed, find information on registering for Self-Assessment: www.gov.uk/register-for-self-assessment
- if you operate through a company, find information on Corporation Tax: www.gov.uk/corporation-tax

HMRC TAX CHECK CODE FORM



Ensure you generate the TAX CHECK CODE online prior to submitting your application and sign the Tax Responsibilities Declaration

(see previous page for instructions)

Section 1 – To be completed by the applicant:

FIRST NAME:

MIDDLE NAME(S):

SURNAME:

DATE OF BIRTH:

YOUR COMPANY NAME (if applicable):

YOUR COMPANY REGISTRATION NUMBER (if applicable):

Do you currently hold, or have held in the last 12 months before this application, the same type of licence with one or more Licensing Authority (including Oxford City Council)

YES / NO:

Provide Licence Number and Licensing Authority:

9 CHARACTER TAX CHECK CODE (the code is case sensitive):

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

Declaration and Consent

Being the person referred to in Section 1, I confirm that I am aware of the content of HMRC Guidance relating to my / our (delete as applicable) tax registration obligations (*provided on page 1 of this form*)

I declare that I have checked the details I have provided and that to the best of my knowledge and belief they are correct.

Signature:..... **Printed Name:**.....

Date:.....

OXFORD CITY COUNCIL - TAXI LICENSING

MEDICAL REPORT

Hackney Carriage and Private Hire Drivers

THE MEDICAL EXAMINATION MUST BE CARRIED OUT BY YOUR G.P. OR A MEMBER OF THE MEDICAL PRACTICE WHO HAS ACCESS TO YOUR MEDICAL RECORDS.

A. What you have to do:-

1. Before consulting your doctor you must read the notes at C below. If you have any of these conditions you may not be granted a licence
2. If you have any doubts about your ability to meet the medical standards, consult your Doctor before you arrange for this medical form to be completed. The Doctor will charge you for completing it but should not charge more than the charge for DVLA Group 2 medical. In the event of your application being refused, the fee you pay the Doctor is not refundable. Oxford City Council has no responsibility for the fee payable to the Doctor.
3. Fill in **Section 9** of this report in the presence of the Doctor carrying out the examination.
4. For new applicants this report, together with your application, must be submitted to Oxford City Council within 4 months of the Doctor signing the report, For existing licence holders, this report must not be dated more than 4 months before your licence is due to expire.

B. What the Doctor has to do:-

1. Unless special arrangements have been made through the Taxi Licensing Office you must be a member of the practice holding the applicant's medical records. Please arrange for a full medical examination undertaken, applying the same standards as the DVLA apply to PCV/LGV drivers (Group 2)
2. Fill in **Section 1 - 8** of this report. You may find it helpful to consult the DVLA's "At a Glance" booklet. Alternatively, up to date standards can be obtained of the DVLA website: www.dvla.gov.uk.
3. Applicants who may be asymptomatic at the time of the examination should be advised that, if in future symptoms of a medical condition develop, likely to affect safe driving, and a Driver's Licence is held, the Taxi Licensing Office, Oxford City Council, should be informed immediately.
4. Please ensure that you have completed all the sections, written the applicants name at the bottom of each page and included your surgery/practice stamp

C. Group 2: Medical Standards for HCV and PHV Drivers:-

Standards for HCV and PHV drivers are higher than for car drivers. Specific conditions that are a bar to obtaining or holding a hackney carriage or private hire driving licence are as follows:

1. **Epilepsy / Seizures** - an applicant must: Have been free of epileptic attacks for the last ten years, have not taken any anti-epileptic medication during this ten year period, and not have a continuing liability to epileptic seizures.

In cases where that has been an "**Isolated Seizure**" – an applicant must: Have been free of epileptic attacks for the last five years, have not taken any anti-epileptic medication during this five year period, have undergone a recent assessment by a Neurologist, and have satisfactory results from the Neurologists investigation.

2. **Diabetes:** New applicants and existing licensed drivers with insulin treated diabetes may apply / continue to drive under following conditions:
 - i. You must have had no episodes of hypoglycaemia which have required assistance of another person within the last 12 months.
 - ii. You have full awareness and demonstrate an understanding of the risks of hypoglycaemia.
 - iii. You regularly monitor your blood glucose at least twice a day and at times relevant to your driving (no more than two hours before the start of the first journey and every two hours whilst driving), using a glucose meter with a memory function to measure and record blood glucose levels.

- iv. Every 12 months, you will need to arrange to be medically examined. At the time of this examination, the doctor will need to review your blood glucose records for the previous 3-month period.
 - v. The cost of the examination is to be met by the licence holder.
 - vi. You must have no other debarring complications of diabetes such as a visual field defect.
3. **Eyesight:** All drivers, for whatever category of vehicle, must be able to read a registration mark fixed to a motor vehicle and containing letters and figures 79 millimetres high and 50 millimetres at a distance of 20 metres, or at a distance of 20.5 metres where the characters are 79 millimetres high and 57 millimetres wide and, if glasses or contact lenses are required to do so, these must be worn while driving.

In addition, an applicant who has not held a vocational Driver's licence before must by law have:

- a) Must be able to meet the above prescribed standard for reading a number-plate. In addition, the visual acuity (with the aid of glasses or contact lenses if worn) must be at least 6/12 (Snellen, decimal 0.5) with both eyes open, or in the only eye if monocular.
- b) Drivers must have a visual acuity, using corrective lenses if necessary, of at least 6/7.5 (0.8 decimal) in the better eye and at least 6/60 (Snellen, decimal 0.1) in the other eye.
- c) Where glasses are worn to meet the minimum standards, they should have a corrective power $\leq +8$ dioptries.

Further information can be obtained by contacting the Drivers Medical Unit, DVLC, Swansea, SA99 1TU, or telephone 01792 304000, about the requirements, informing the unit that the Council's standards are those set out for DVLA Group 2 vocational licences.

An applicant or licence holder failing to meet the epilepsy, diabetes or eyesight regulations must be refused in law from obtaining a Vocational Driver's Licence.

4. In addition to those medical conditions covered by law, an applicant or licence holder is likely to be refused if he/she is unable to meet the national recommended guidelines in cases of:-
- within three months of myocardial infarction, any episode of unstable angina, CABG or coronary angioplasty
 - a significant disturbance of cardiac rhythm occurring within the past five years unless special criteria are met
 - suffering from or being treated for angina or heart failure
 - established hypertension where the BP is persistently 180 systolic or over or 100 diastolic or over
 - a stroke, TIA or unexplained loss of consciousness within the past five years
 - Meniere's and other diseases causing disabling vertigo, within the past two years
 - severe head injury with serious continuing after effects, or major brain surgery
 - Parkinson's disease, multiple sclerosis or other "chronic" neurological disorders likely to affect limb power and co-ordination
 - being treated for or suffering a psychotic or schizophrenic illness in the past three years, or suffering from dementia
 - alcohol dependency or continued misuse, or illicit drug or substance dependency or use in the past three years
 - serious difficulty in communicating by telephone in an emergency
 - insuperable diplopia, pathological visual field defect or loss of normal binocular field of vision
 - any other serious medical condition which may cause problems for road safety and HC and PH driving

MEDICAL EXAMINATION:

To be completed by the Doctor

(Please answer ALL questions; otherwise the applicant will be referred back)

Section 1	Vision	YES	NO
a.	Is the visual acuity as measured by the Snellen chart at least 6/12 (Snellen, decimal 0.5) with both eyes open, or in the only eye if monocular.		
b.	Is the visual acuity, using corrective lenses if necessary, of at least 6/7.5 (Snellen, decimal 0.8) in the better eye and at least 6/60 (Snellen, decimal 0.1) in the other eye.		
c.	If corrective lenses (including glasses) have to be worn to achieve this standard, is the corrective power $\leq +8$ dioptres.		
d.	Please state all the visual acuities for all applicants measured		
	UNCORRECTED		
	CORRECTED		
	Left: Right: Left: Right:		
e.	If there is no degree of vision whatsoever in one eye, on what date did the applicant become monocular or develop sight in one eye only?		
f.	Is there documented evidence of a pathological field defect e.g. hemianopia, scotoma or quadrantanopia		
g.	Is there uncontrolled diplopia		
h.	Is there full binocular field of vision on confrontation		
Section 2	Nervous System	YES	NO
a.	Has the applicant a 'liability to epileptic seizures'?		
b.	Does the applicant suffer from epilepsy?		
c.	Is there a history of a sudden and disabling episode or episodes of unexplained impaired consciousness within the past five years?		
d.	Is there a history of stroke, TIA or vertebrobasilar insufficiency within the past five years?		
e.	Is there a history of uncontrolled Meniere's disease or other causes of sudden disabling vertigo within the last two years?		
f.	Is there evidence, with documented signs of neurological or cognitive impairment, of multiple sclerosis?		
g.	Is there Parkinson's Disease or other muscle or Movement disorder likely to affect vehicle control?		
h.	Is there a history of brain surgery since the last licence was issued?		
i.	Is there a history of serious head injury associated with an intra-cerebral haematoma or compound depressed skull fracture since the last licence was issued?		
	<i>(Note: in the case of a first applicant for licence please answer h or i above).</i>		
j.	Is there a history of brain tumour, either benign or malignant, primary or secondary?		
Section 3	Diabetes Mellitus	YES	NO
	Does the applicant have diabetes mellitus? (if "no" please proceed to Section 4)		
	If YES please answer the following.		
a.	Is the diabetes managed by Insulin? If "YES", date started on insulin		
b.	If treated with insulin, are there at least three months of blood glucose readings stored on a memory meter? If "NO", please provide further details (at the end of the Report)		
c.	Other injectable treatments?		
d.	A Sulphonylurea or a Glinide?		
e.	Oral hypoglycaemic agents and diet? If "YES" please provide further details (at the end of Report)		
f.	Diet only?		
g.	Does the applicant test blood glucose at least twice daily?		
h.	Does the applicant test at times relevant to driving?		
i.	Does the applicant keep fast acting carbohydrate within easy reach when driving?		
j.	Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving?		
k.	Is there any evidence of impaired awareness of hypoglycaemia?		
l.	Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person?		
m.	Is there evidence of either a loss of visual field and / or severe peripheral neuropathy, sufficient to impair limb function for safe driving? If "YES" please provide further details (at the end of the Report)		
n.	Has there been laser treatment or intra-vitreous treatment for retinopathy? If "YES" please provide details of date(s) of treatment (at the end of the Report)		

PLEASE TURN OVER

Section 4		Psychiatric Illness	YES	NO
a.	Has the applicant suffered or required treatment for a psychotic illness in the past three years			
b.	Has the applicant required treatment for a psychoneurotic disorder with psychotropic medication within the past 6 months? (If "yes" please answer below)			
i)	does the medication cause side effects likely to affect driving ability?			
ii)	is the condition stable or resolved?			
c.	Is there confirmed evidence of dementia?			
d.	In the past three years has there been:			
i)	a history of continued alcohol abuse or alcohol dependency?			
ii)	a history of illicit drug or substance use or dependency?			
	If you have answered "yes" to either i) or ii) above, please provide dates/details of alcohol intake or type of illicit drug, treatment and compliance with advice (below)			
Section 5		General	YES	NO
a.	Has the applicant a significant disability of the spine or limbs which is likely to interfere with the efficient discharge of his/her duties as a vocational driver?			
b.	Is there a history within the past two years of bronchogenic or other malignant tumour with a significant liability to metastasise Cerebrally?			
	If YES, please give dates and diagnosis and state whether there is current evidence of dissemination (below)			
c.	Is there serious difficulty preventing adequate communication by telephone in an emergency?			
Section 6		Cardiac	YES	NO
a.	Coronary artery disease: Is there a history, or evidence of:			
i)	angina pectoris or heart failure (whether or not maintained symptom free by the use of medication)			
ii)	myocardial infarction/any episode of unstable angina			
iii)	Coronary artery by pass graft (CABG)/coronary angioplasty?			
	If YES to i, ii, or iii please give details/dates (below)			
b.	Has a resting ECG been performed previously			
c.	If you have answered YES for the above question, did it show pathological Q waves present in three leads or more, or left bundle branch block?			
d.	Please enter the date that the ECG was performed (if you have answered YES to the above questions) (Note: an ECG does not need to be performed for this examination)			
e.	Other vascular disorders: Is there a history, or evidence of:			
i)	Aortic aneurysm, thoracic or abdominal, with a transverse diameter of 5cm or more (whether or not it has been repaired)?			
ii)	Confirmed symptomatic peripheral arterial disease?			
iii)	Any other significant vascular disorder (ie. Marfans)?			
f.	Cardiac arrhythmia and heart block: Is there a history, or evidence, of:			
i)	significant disturbance of cardiac rhythm within the past five years If yes, please give details (below)?			
ii)	pacemaker or cardioverter defibrillator insertion?			
g.	Is the resting blood pressure consistently 180 systolic or more and/or 100 diastolic or more?			
h.	Is there a history, or evidence, of acquired valvular heart disease, with or without heart valve replacement?			
j.	Is there a history, or evidence, of established cardiomyopathy, heart or lung transplant, cardiac surgery other than above, or significant congenital heart disorder?			

Section 8 Medical Practitioner Details

To be completed by Doctor carrying out the examination who must be the applicant's general practitioner or a member of the Group Practice holding the applicant's medical records.

About your GP/Group Practice

Name _____
Address _____

Tel _____

SURGERY STAMP

<p>Section 8B Medical Practitioner Certification (to be completed by Doctor carrying out examination)</p> <p>I certify that I have today examined the applicant in Section 8 of this Report and in my opinion the applicant is FIT / UNFIT * to drive Hackney Carriage or Private Hire Vehicles. <i>*delete as necessary</i></p> <p>NAME</p> <p>SIGNATURE</p> <p>DATE</p>
--

The Applicant's Consultant/Specialist (If applicable)

Consultant's Name _____
Address _____

Tel _____
Date Last Seen _____

This part to be completed by applicant in the presence of the Medical Practitioner carrying out the examination

Section 9 Applicant Details

ABOUT YOU (the applicant)

Your Name _____
Address _____

Date of Birth _____
Phone Numbers _____

This section MUST be completed and must NOT be altered in any way

Consent and Declaration

You should be aware that if you have knowingly given false information in this examination you are liable to Prosecution

Please sign the statement below:

I declare that I have checked the details I have given and that to the best of my knowledge and belief they are correct. If a medical condition is declared I authorise my Doctor(s) and Specialist(s) to release reports to Oxford City Council's Medical Adviser about my condition.

Signature

Date

PLEASE REMEMBER TO SIGN AND DATE THIS FORM