

## Request for Exemption from Duties Imposed on the Driver of a Licensed Vehicle when hired by or on Behalf of a Disabled Person Form

<b>1. Applicants Details</b>
Name:
Address:
Date of Birth:
Telephone No:
<b>2. Exemption Request</b>
On what grounds is your request for exemption?
Medical <input type="checkbox"/> Physical Condition <input type="checkbox"/>
<b>Medical</b> (Please provide details of your circumstances and the reasons why you think it will prevent you from undertaking your responsibilities of carrying disabled passengers)
<b>Physical condition making it impossible or unreasonably difficult</b> (Please provide details of your circumstances and the reasons why you think it will prevent you from undertaking your responsibilities of carrying passengers in wheelchairs)
Are you providing any medical evidence from your doctor or medical specialist to support the application?

Yes  (if yes, please attach the medical evidence to the form before submitting)

No

**3. Doctor / Medical Specialist Contact Details (To be completed by the Medical Professional)**

Name:

Address:

Telephone No:

Patients Name:

Date of Birth:

**5. Medical Evidence (To be completed by the Medical Professional)**

In your opinion, does the person named above suffer from a medical or physical condition that would prevent them from undertaking their responsibilities of carrying disabled passengers?

Yes  (if yes, please give details below)

No

**Please provide details of the condition below, and attach any relevant reports / test results etc.**

**5. Declaration**

I have read and understand Gedling Borough Council's Policy on Disabled Persons having Access to and for their Safe Carriage within Licensed Taxis & Private Hire Vehicles. And the Requirement for the Licensing Authority to Maintain a Designated Vehicle List, and I understand the process in applying for a

medical exemption.

- I enclose information from my medical practitioner and consent to Gedling Borough Council contacting them to verify this information and request further information regarding my medical condition if necessary.
- I declare that all the information given in this application is true and accurate.
- I understand that the information I have provided, including personal data, may be used and/ or disclosed for the following purposes:
  - Assessing whether I am eligible for an Exemption Certificate (this means that your personal information may be released to third parties as part of the assessment process).
  - In response to valid requests for information from other bodies including local authorities, medical practitioner, the police, other law enforcement agencies and solicitors where the disclosure is permitted under the Data Protection Act or required by law.
- I understand that, if granted an Exemption Certificate, it is an offence to forge, alter or allow another to use that certificate.

Signed

Date:     /     /