



SOUTH
KESTEVEN
DISTRICT
COUNCIL

Application for exemption, on medical grounds, from the duties placed on licensed Hackney Carriage and Private Hire drivers under Section 165 of the Equality Act 2010.

This form must be completed by the applicant and returned to:

The Licensing Team, South Kesteven District Council, St Peter’s Hill, Grantham NG31 6PZ

Applicant Details

Full name of applicant:.....

Date of birth:

Address:

.....

Post Code: Tel. No.

Email address

Hackney/private hire driver licence no.

Make and model of wheelchair accessible vehicle(s)

Vehicle registration number(s)

Please state the medical reason why you are applying for an exemption:

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.....
.....
.....
.....

This will need to be verified by your GP or Specialist

Are you willing to undergo a medical in connection with this application? Tick box

YES [] NO []

Do you consent to medical information relevant to this application being released to the Licensing Authority? Tick box

YES [] NO []

Details of Applicant's GP

Doctors Name:

Surgery Address:

.....

Post Code: Tel. No.

Details of Medical Examiner or Specialist (if same as GP – leave blank)

Doctors Name:

Surgery Address:

.....

Post Code: Tel. No.

Period of Exemption (complete one box ONLY)

Are you applying for a Life Exemption? Tick box []

Are you applying for a Temporary Exemption? Tick box []

If you are applying for a temporary exemption, state the period for which you would want the exemption to last.

.....

Applicants Declaration

I declare that the information contained within this application is true to the best of my knowledge and belief. I also hereby permit South Kesteven District Council to make enquiries with my examining doctor to verify my application to determine my exemption. I also accept that if my exemption is granted by South Kesteven District Council, any misuse of the exemption granted to me may result in the withdrawal of that exemption and / or prosecution.

Signature of applicant:

Date:



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Doctor's Assessment

This certificate is not one which must be issued free of charge as part of the National Health Service. Please note that South Kesteven District Council is not liable for the payment of any medical examination fees (or any other associated costs with the completion of this form) – these are the sole responsibility of the applicant.

Obligations on drivers of designated wheelchair accessible vehicles

South Kesteven District Council is committed to an accessible public transport system in which disabled people can enjoy the same opportunities to travel as other members of society. Taxis and private hire vehicles are a vital link in the accessible transport chain and it is important that disabled people who use wheelchairs can have confidence that the taxi they find on a rank, or hail on the street, will accept them and carry them in their wheelchair at no extra charge. The same is true in relation to a wheelchair accessible private hire vehicle that they may seek to book in advance.

Under Section 165 of the Equality Act 2010, it is a lawful requirement for all drivers of designated wheelchair accessible taxis and private hire vehicles to:

- to carry the passenger while in the wheelchair;
- not to make any additional charge for doing so;
- if the passenger chooses to sit in a passenger seat to carry the wheelchair;
- to take such steps as are necessary to ensure that the passenger is carried in safety and reasonable comfort; and
- to give the passenger such mobility assistance as is reasonably required;

The Act then goes on to define mobility assistance as assistance:

- To enable the passenger to get into or out of the vehicle;
- If the passenger wishes to remain in the wheelchair, to enable the passenger to get into and out of the vehicle while in the wheelchair;
- To load the passenger's luggage into or out of the vehicle;
- If the passenger does not wish to remain in the wheelchair, to load the wheelchair into or out of the vehicle.

Section 166 allows LAs to exempt drivers from the duties to assist passengers in wheelchairs if they are satisfied that it is appropriate to do so on medical or physical grounds. The exemption can be valid for as short or long a time period as the LA thinks appropriate, bearing in mind the nature of the medical issue. If exempt, the driver will not be required to perform any of the duties.



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This form must only be completed by a medical practitioner who has full knowledge of the applicant's medical history.

For Completion by General Practitioner or Medical Specialist ONLY

Patient Details

Full name of patient:

Date of birth:

Address:

.....

Post Code: Tel. No.

Details of Examining Doctor

Doctors Name:

Surgery Address:

.....

Post Code: Tel. No.

Details of Medical Condition

In your opinion, does this person have a medical condition which prevents him/her from assisting wheelchair users? Tick box

YES [] NO []

The types of assistance that may be required are;

- *If the passenger wishes to remain in the wheelchair, the driver must help the passenger to get in and out of the vehicle and secure the wheelchair in accordance to the vehicle specification.*
- *If the passenger wants to transfer to a seat, the driver must help him or her to get out of the wheelchair and into a seat and back into the wheelchair.*
- *The driver must also load the wheelchair into and out of the vehicle together with any luggage.*

If "YES" to question above, please give details of condition.

.....
.....

Period of Exemption

In your opinion is this person's medical condition so severe that they should be exempt from carrying wheelchair users in their vehicle,

For Life?

YES [] NO []

Or

For a period of Ending on

Further Information

Please give any relevant details or information in relation to the applicant's condition:

.....
.....
.....
.....

I certify that I have full knowledge of the applicant's past medical history.

Signature of Doctor:Date:

Practice Stamp:

When completed, please pass this form to the applicant who will submit it to the Licensing Team at South Kesteven District Council.