

Subject: Proposal to adopt the DVLA approved Group 2 medical procedure in respect of Hackney Carriage and Private Hire drivers

Status: For Publication

Report to: Licensing Committee

Date: 8th October 2007

Report of: Licensing Manager

Portfolio

Holder: Well Managed Council

Key Decision: No

Forward Plan General Exception Special Urgency

1. PURPOSE OF REPORT

- 1.1 To inform Members of the current medical requirements for hackney carriage and private hire drivers.
- 1.2 To request that Members agree to adopt the Driver and Vehicle Licensing Agency (DVLA) approved group 2 medical procedure.

2. CORPORATE PRIORITIES

- 2.1 The matters discussed in this report impact directly on the following corporate priorities and associated corporate objectives.
- Delivering Quality Services to Customers (Customers, Improvement)
 - Promoting Rossendale as a cracking place to live and visit (Economy)
 - Improving health and well being across the Borough (Health, Housing)
 - Well Managed Council (Improvement, Community Network)

3. RISK ASSESSMENT IMPLICATIONS

- 3.1 There are no specific risk issues for members to consider arising from this report.

4. BACKGROUND AND OPTIONS

- 4.1 The current medical requirements for hackney carriage and private hire drivers are that a medical (Appendix 1) completed by the applicants own doctor is

required every 3-years at a cost to the applicant of between £90.00 and £160.00 – the Licensing Unit has no control of these external fees.

- 4.2 The current medical requirement was adopted by the Council by the Finance and Personnel Sub-Committee on 12th August 1992.
- 4.3 Research with other Councils has shown that there is no consistency between medical requirements for hackney carriage and private hire drivers.
- 4.4 DVLA guidance for medical practitioners to the current medical standards of fitness to drive February 2007 states:-

Taxi Licensing

- The House of Commons Transport Select Committee on Taxis and Private Hire Vehicles recommended in February 1995 that taxi Licence applicants should pass a medical examination before a Licence could be granted.
- Responsibility for determining the standards, including medical requirements, to be applied to taxi drivers, over and above the driver licensing requirements, rests with the Public Carriage Office in the Metropolitan area and the Local Authority in all others areas.
- Current best practice advice is contained in the booklet “Medical Aspects of Fitness to Drive” published by the Medical Commission on Accident Prevention in 1995. **This recommended that the Group 2 medical standards applied by DVLA in relation to bus and lorry drivers should also be applied by local authorities to taxi drivers.**

Licence Groups

- The medical standards refer to Group 1 and Group 2 Licence holders:-
 - **Group 1** includes motor cars and motor cycles.
 - **Group 2** includes large Lorries (category C) and buses (category D).
- The medical standards for Group 2 drivers are very much higher than those for Group 1 because of the size and weight of the vehicle. **This also reflects the higher risk caused by the length of time the driver may spend at the wheel in the course of his/her occupation.**
- All drivers who obtained entitlement to Group 1, category B (motor car) before 1 January 1997 have additional entitlement to category **C1 and D1**. C1 is a medium size lorry of weight between 3.5 and 7.5 tonne. D1 is a minibus of between 9 and 16 seats, not for hire or reward.
- Holders of C1/D1 entitlement retain the entitlement until their Licence expires or it is medically revoked. On subsequent renewal the higher medical standards applicable to Group 2 will apply.

- Under certain circumstances volunteer drivers can drive a minibus of up to 16 seats without having to obtain category D1 entitlement. Individuals should consult DVLA for a detailed fact sheet.

Age limits:-

- Group 2: Excepting in the armed forces and certain PCV licences, Group 2 licence's, Lorries (category C) or buses (category D) are normally issued at age 21 and valid till age 45.
- Group 2 licences are renewable thereafter every five years to age 65 unless restricted to a shorter period for medical reasons.
- From age 65 Group 2 licences are renewable annually without upper age limit. All Group 2 Licence applications must be accompanied by a medical application form D4 - Adapted for proposed use by Rossendale Borough Council at Appendix 2.

4.5 Currently, if a hackney carriage/private hire driver develops a medical condition, the Licensing Unit is notified by:-

- a) A hackney carriage/private hire driver contacts the Licensing Unit alerting them to their current medical condition
- b) A hackney carriage/private hire driver contacts the Licensing Unit alerting them of an incident relating to another hackney carriage/private hire driver

4.6 Upon notification of the condition, the appropriate action is then taken by the Licensing Unit.

4.7 The Licensing Unit has no records of any instances where a current hackney carriage / private hire driver has simply failed a medical. However, the driver may simply choose not to renew his licence when it is subject to renewal.

4.8 The Licensing Unit is of the opinion that should the Committee determine to change medical requirements of hackney carriage / private hire drivers, this will not change the way it is notified of a new medical condition.

4.9 The Group 2 medical is a more comprehensive medical than the one currently in use in Rossendale.

4.10 It is proposed that the following medical requirements are adopted as procedure:-

- All first time hackney carriage/private hire driver applicants obtain a group 2 medical – Appendix 2
- All current hackney carriage/private hire drivers obtain a group 2 medical on renewal of their existing hackney carriage/private hire driver licence
- As per DVLA guidance for medical practitioners to the current medical standards of fitness to drive February 2007, the group 2 medical remains

valid until the hackney carriage/private hire driver reaches age 45 unless restricted to a shorter period for medical reasons

- At age 45, a further group 2 medical is required and becomes renewable thereafter every five years to age 65 unless restricted to a shorter period for medical reasons
- From age 65 Group 2 medicals are renewable annually without upper age limit

4.11 The Licensing Unit, under these new proposals, will retain the right to request a hackney carriage/private hire driver obtain a further group 2 medical at any time:

- If there is reason to believe that the hackney carriage / private hire driver has developed a medical condition
- If there is reason to believe that the hackney carriage / private hire driver has deliberately concealed a medical condition
- Any other reason in respect of determining the suitable fitness of a hackney carriage / private hire driver

4.12 It is further proposed to include the following medical disclaimer on the proposed statutory declaration (Appendix 3) and/or the application/renewal application to become a hackney carriage/private hire driver:-

- I am aware of no disability or physical or mental medical condition that would affect my ability to drive a hackney carriage or private hire vehicle.

5. COMMENTS OF THE HEAD OF FINANCIAL SERVICES

5.1 There are no direct financial implications.

6. COMMENTS OF THE EXECUTIVE DIRECTOR OF REGULATORY SERVICES

6.1 The recommendations are within the powers of the Council.

7. COMMENTS OF THE HEAD OF HUMAN RESOURCES

7.1 There are no direct human resource implications.

8. CONCLUSION

8.1 To adopt the use of the DVLA approved Group 2 medical as per current government guidance would simplify the current hackney carriage/private hire driver application process and would benefit the taxi trade financially.

8.2 The Licensing Unit believes that adoption of the DVLA approved Group 2 medical would not affect the way in which it is notified of current medical conditions or new medical conditions.

8.3 Safeguards will remain in place regarding the authority to request a hackney carriage / private hire driver obtains a further Group 2 medical out of the proposed cycle when establishing matters of public safety when there is reason

to believe a hackney carriage / private hire driver has developed or may have deliberately concealed a medical condition which affects their ability to be a hackney carriage / private hire driver.

9. RECOMMENDATION(S)

- 9.1 That the DVLA approved Group 2 medical procedure is adopted to establish the medical fitness of hackney carriage and private hire drivers.
- 9.2 That the procedure, if adopted, be implemented by 26th November 2007.

10. CONSULTATION CARRIED OUT

- 10.1 Licensing Unit
- 10.2 Taxi Trade Associations at Trade Liaison meetings – Appendix 4.
- 10.3 Legal Services

11. EQUALITY IMPACT ASSESSMENT

Is an Equality Impact Assessment required No

Is an Equality Impact Assessment attached No

Contact Officer	
Name	Tracy Brzozowski
Position	Licensing Manager
Service / Team	Legal and Democratic Services
Telephone	01706 238602
Email address	tracybrzozowski@rossendalebc.gov.uk

Appendices	
Document	Place of Inspection
Current medical used by Rossendale Borough Council	Appendix 1
Proposed adapted Group 2 medical	Appendix 2
Statutory declaration	Appendix 3
Relevant extract of minutes from the Taxi Liaison Group	Appendix 4
DVLA current medical guide on fitness to drive	Appendix 5

Appendix 1

In accordance with the policy of the Council adopted by virtue of Minute No 3 of the Finance and Personnel Sub-Committee on 12th August, 1992

THIS FORM MUST BE COMPLETED BY THE APPLICANT'S OWN MEDICAL PRACTITIONER

ROSSENDALE BOROUGH COUNCIL

MEDICAL CERTIFICATE ASSOCIATED WITH APPLICATION FOR A LICENCE TO DRIVE A HACKNEY CARRIAGE OR PRIVATE HIRE VEHICLE

NAME OF APPLICANT: _____

ADDRESS: _____

DATE OF BIRTH: _____

NOTES

1. This Certificate is for the confidential use of the Licensing Authority. If you do not wish the applicant to see the Certificate you are asked to be good enough to forward it under cover to the address overleaf. Any fee charged is payable direct by the applicant to the medical practitioner.
2. The standard of acuity of vision is considered unsatisfactory if it is below 6/12 with one eye and 6/36 with the other eye, with or without optical aid.
3. Special attention is directed to the condition of the arms, hands, legs and particularly to the joints of the upper and lower extremities.

Reply to be written in this column

1. Is this applicant, to the best of your judgement, subject to epilepsy, vertigo, sudden attacks of disabling giddiness or fainting – any mental disorder or defect which might be likely to affect his/her efficiency as a driver of a hackney carriage or private hire vehicle?

2. Does he/she suffer from any heart or lung disorder or defect which might interfere with the efficient performance of his/her duties as a hackney carriage or private hire vehicle driver?

3. Are the blood pressure readings – both Systolic and Diastolic - normal, having regard to the applicant's age? If not, do you consider that the abnormal blood pressure would be likely to affect his/her competence as a hackney carriage or private hire vehicle driver?

4. a. Is there any defect of vision? If so, please give details (See Note 2). a)

b. If the reply to (a) is in the affirmative, give acuity of vision by Snellens Test type with and without glasses and answer the following:-

b) R.E. _____ L.E. _____
without glasses
R.E. _____ L.E. _____
with glasses (if applicable)

(i) Was the test conducted with the applicant's own glasses?

(i)

or

(ii) Have suitable glasses been prescribed?

(ii)

(iii) Do you consider that the applicant should wear glasses when driving?

(iii)

(iv) Is the applicant's field of vision by hand test satisfactory?

(iv)

(v) Is the colour vision normal?

(v)

(vi) Does the applicant suffer from a squint or any other visual defect which could affect his/her fitness to drive a motor vehicle?

(vi)

(vii) Could any visual defect observed be sufficiently corrected to make the applicant fit to drive a motor vehicle?

(vii)

5. Is there any defect of hearing? If so, do you consider that it would interfere with the efficient performance of the applicant's duties as a hackney carriage or private hire vehicle driver?

6. Has the applicant any deformity or loss of limbs? If so, could it interfere with the efficient performance of his/her duties as a hackney carriage or private hire vehicle driver? See Note 3.

7. Is the applicant sufficiently active for the performance of his/her duties?

8. Does the applicant show any evidence of being addicted to the excessive use of alcohol, tobacco or drugs?

9. Is the applicant in your opinion, generally fit as regards (a) bodily health and (b) temperament, for the duties of a hackney carriage or private hire vehicle driver?

10. Is there any abnormality present that is not included in the above questions?

11. Do you consider further examination necessary? If so, in what period of time?

To: Licensing Manager, One Stop Shop, Town Centre Offices, Lord Street, Rawtenstall
Rossendale, Lancashire. BB4 7LZ

I certify that I am the applicant's General Practitioner and that I have this day examined _____ (insert name of applicant)

The answers to the foregoing questions are correct to the best of my knowledge and belief and I consider the applicant fit/unfit* to act as a driver of a hackney carriage or private hire vehicle.

Signature of qualified and Registered Medical Practitioner: _____

Address: _____

Date: _____

Appendix 2

Medical Examination Report

To be completed by the Doctor (please use black ink)

- Before completing this form, please read Section B (page 6) of the INF4D – 'Information and useful notes' booklet, supplied with this report.
- Please answer **all** questions

D4

Please give patient's weight (kg/ st) height (cms/ ft)

Please give details of smoking habits, if any

Please give number of alcohol units taken each week

Is the urine analysis positive for Glucose? No Yes (please tick appropriate box)

Details of specialist(s)/ 1 2 3

consultants, including

address

Specialty

Date last seen

Current medication

including exact dosage

and reason for each

treatment

Date when first licensed to drive a lorry and/ or bus

Please tick _ the appropriate box(es) YES NO

1. Is the visual acuity at least 6/9 in the better eye and at least 6/12 in the other?

(corrective lenses may be worn) as measured with the full size 6m snellen chart __ __

2. Do corrective lenses have to be worn to achieve this standard? __ __

If YES, is the:-

(a) uncorrected acuity at least 3/ 60 in the right eye? __ __

(b) uncorrected acuity at least 3/ 60 in the left eye? __ __

(3/60 being the ability to read the 6/60 line of the full size 6m Snellen chart at 3 metres) __ __

(c) correction well tolerated? __ __

3. Please state the visual acuities of **each eye** in terms of the 6m Snellen chart.

Please convert any 3 metre readings to the 6 metre equivalent.

Uncorrected Corrected (if applicable)

Right Left Right Left

4. Is there a defect in his/her binocular field of vision (central and/or peripheral)? __ __

5. Is there diplopia? (controlled or uncontrolled)? __ __

6. Does the applicant have any other ophthalmic condition? __ __

If YES to 4, 5 or 6, please give details in **Section 7** and enclose any relevant visual field charts or hospital letters.

1 Vision (Please see Eyesight notes on page 8 and 9 of leaflet INF4D)

Applicant's name DOB

3/07

2

2 Nervous System

1. Has the applicant had any form of epileptic attack? YES NO

(a) If Yes, please give date of last attack

(b) If treated, please give date when treatment ceased

(c) Is the applicant currently on anti-epileptic medication? __ __

If YES, please complete current medication on the appropriate section on the front of this form

2. Is there a history of blackout or impaired consciousness within the last 5 years? __ __

If YES, please give date(s) and details in **Section 7**

3. Does the applicant suffer from narcolepsy/cataplexy? __ __

If YES, please give details in **Section 7**

4. Is there a history of, or evidence of any of the conditions listed at a-h below? __ __

If NO, go to Section 3.

If YES, please tick the relevant box(es) and give dates and full details at Section 7.

- (a) Stroke/ TIA please delete as appropriate __
- (b) Sudden and disabling dizziness/vertigo within the last 1 year with a liability to recur __
- (c) Subarachnoid haemorrhage __
- (d) Serious head injury within the last 10 years __
- (e) Brain tumour, either benign or malignant, primary or secondary __
- (f) Other brain surgery __
- (g) Chronic neurological disorders e.g. Parkinson's disease, Multiple Sclerosis __
- (h) Dementia or cognitive impairment __

YES NO

1. Does the applicant have diabetes mellitus? __ __

If NO, please proceed to Section 4

If YES, please answer the following questions.

2. Is the diabetes managed by:-

(a) Insulin? __ __

If YES, please give date started on insulin

(b) Oral hypoglycaemic agents and diet? __ __

If YES, please complete current medication on the appropriate section on the front of this form

(c) Diet only? __ __

3. Does the applicant test blood glucose at least twice every day? __ __

4. Is there evidence of:-

(a) Loss of visual field? __ __

(b) Severe peripheral neuropathy, sufficient to impair limb function for safe driving? __ __

(c) Diminished/Absent awareness of hypoglycaemia? __ __

5. Has there been laser treatment for retinopathy? __ __

If YES, please give date(s) of treatment

6. Is there a history of hypoglycaemia during waking hours in the last

12 months requiring assistance from a third party? __ __

If YES to any of 4-6 above, please give details in Section 7

3 Diabetes Mellitus

Applicant's name DOB

D D M M Y Y

D D M M Y Y

D D M M Y Y

YES NO

3

4 Psychiatric Illness

YES NO

Is there a history of, or evidence of any of the conditions listed at 1-6 below? __ __

If NO, please go to Section 5

If YES please tick the relevant box(es) below and give date(s), prognosis, period of stability and details of medication, dosage and any side effects in Section 7.

NB. If applicant remains under specialist clinic(s) ensure details are completed at the top of page 1. YES

1. Significant psychiatric disorder within the past 6 months __

2. A psychotic illness within the past 3 years, including psychotic depression __

3. Persistent alcohol misuse in the past 12 months __

4. Alcohol dependency in the past 3 years __

5. Persistent drug misuse in the past 12 months __

6. Drug dependency in the past 3 years __

N.B. Please enclose relevant hospital notes with reference to this condition

Please follow the instructions in all Sections (5A–5G) giving details as required in Section 7 and enclose hospital notes relevant to this condition.

NB. If applicant remains under specialist cardiac clinic(s) ensure details are completed on page 5.

YES NO

Is there a history of, or evidence of, coronary artery disease? __ __

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

If **YES** please answer all questions below and give details at **Section 7** of the form.

1. Acute Coronary Syndrome 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(s)

4. Has the applicant suffered from Angina? __ __

If **Yes**, please give the date of the last attack

Please proceed to next Section 5B

5A Coronary Artery Disease

Applicant's name DOB

5 Cardiac

DDMMYY

DDMMYY

DDMMYY

DDMMYY

4

5B Cardiac Arrhythmia

YES NO

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

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

If **YES** please answer all questions below and give details at **Section 7** of the form.

1. Has the applicant had a **significant** documented disturbance of cardiac rhythm

within the past 5 years? __ __

2. Has the arrhythmia been controlled satisfactorily for at least 3 months? __ __

3. Has a cardiac defibrillator device (I.C.D) been implanted? __ __

4. Has a pacemaker been implanted? __ __

If **YES**:-

(a) Has the pacemaker been implanted for at least 6 weeks? __ __

(b) Since implantation of the pacemaker, is the applicant now symptom free as a result? __ __

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

Please proceed to next Section 5C

YES NO

1. Is there a history or evidence of ANY of the below: __ __

If **YES** please tick **_ ALL** relevant boxes below, and give details at **Section 7** of the form.

YES NO

PERIPHERAL ARTERIAL DISEASE __ __

AORTIC ANEURYSM

IF YES:

(a) Site of Aneurysm: Thoracic Abdominal

(b) Has it been repaired successfully?

(c) Is the transverse diameter more than 5cms?

DISSECTION OF THE AORTA

IF YES:

(d) Has it been repaired successfully?

Please proceed to next Section 5D

YES NO

Is there a history of, or evidence, of valvular/congenital heart disease?

If NO, proceed to Section 5E

If YES please answer all questions below and give details at Section 7 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 applicant currently have significant symptoms?

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

Please proceed to next section 5E

Applicant's name DOB

5C Peripheral Arterial Disease

5D Valvular/Congenital Heart Disease

5

5F Cardiac Investigations

Applicant's name DOB

5E Cardiomyopathy

YES NO

Does the applicant have a history of ANY of the following conditions:

(a) a history of, or evidence of heart failure?

(b) established cardiomyopathy?

(c) a heart or heart/ lung transplant?

If YES to any part of the above, please give full details in Section 7 of the form. If NO, proceed to next section 5F.

YES NO

This section must be completed for all applicants.

1. Has a resting ECG been undertaken?

If YES, does it show:-

(a) pathological Q waves?

(b) left bundle branch block?

(c) right bundle branch block?

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

If YES, please give date and give details in Section 7

Sight/copy of the exercise test result/report (if done in the last 3 years) would be helpful

3. Has an echocardiogram been undertaken (or planned)?

(a) If YES, please give date and give details in Section 7

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

Sight/copy of the echocardiogram result/report would be useful

4. Has a coronary angiogram been undertaken (or planned)?

If YES, please give date and give details in Section 7

Sight/copy of the angiogram result/report would be useful

5. Has a 24 hour ECG tape been undertaken (or planned)?

If YES, please give date and give details in Section 7

Sight/copy of the 24 hour tape result/report would be useful

6. Has a myocardial perfusion scan or stress echo study been undertaken (or planned)? __ __

If **YES**, please give date and give details in **Section 7**

Sight/copy of the scan result/report would be useful

Please proceed to **Section 5G**

This section must be completed for all applicants

YES NO

1. Is today's resting systolic pressure 180mm Hg or greater? __ __

2. Is today's resting diastolic pressure 100mm Hg or greater? __ __

3. Is the applicant on anti-hypertensive treatment? __ __

If **YES**, to any of the above, please supply today's reading and three previous readings and dates

5G Blood Pressure

D D M M Y Y

D D M M Y Y

D D M M Y Y

D D M M Y Y

D D M M Y Y

6

Please answer all questions in this section. If your answer is 'YES' to any of the questions, please give full details in **Section 7**.

YES NO

1. Is there **currently** a disability of the spine or limbs, likely to impair control of the vehicle? __ __

2. Is there a history of bronchogenic carcinoma or other malignant tumour, for example, malignant

melanoma, with a significant liability to metastasise cerebrally? __ __

If **YES**, please give dates and diagnosis and state whether there is current evidence of dissemination

3. Is the applicant profoundly deaf? __ __

If **YES**,

is he/she able to communicate in the event of an emergency by speech or by using a device,

e.g. a MINICOM/ text phone? __ __

4. Is there a history of either renal or hepatic failure? __ __

5. Does the applicant have sleep apnoea syndrome? __ __

If **YES**, please supply details

(a) Date of diagnosis

(b) Is it controlled successfully? __ __

(c) If **YES**, please state treatment (d) Please state period of control

6. Is there any other **Medical Condition**, causing excessive daytime sleepiness? __ __

If **YES**, please supply details

(a) Diagnosis

(b) Date of diagnosis

(c) Is it controlled successfully? __ __

(d) If **YES**, please state treatment (e) Please state period of control

7. Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia? __ __

8. Does any medication currently taken cause the applicant side effects that could affect safe driving? __ __

If **YES**, please supply details of medication

9. Does the applicant have any other medical condition that could affect safe driving? __ __

If **YES**, please supply details

6 General

Applicant's name **DOB**

D D M M Y Y

D D M M Y Y

7

Consent and Declaration

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

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

Important information about Consent

On occasion, as part of the investigation into your fitness to drive, DVLA may require you to undergo a medical examination or some form of practical assessment. In these circumstances, those personnel involved will require your background medical details to undertake an appropriate and adequate assessment. Such personnel might include doctors, orthoptists at eye clinics or paramedical staff at a driving assessment centre. Only information relevant to the assessment of your fitness to drive will be released. In addition, where the circumstances of your case appear exceptional, the relevant medical information would need to be considered by one or more members of the Secretary of State's Honorary Medical Advisory Panels. The membership of these Panels conforms strictly to the principle of confidentiality.

Consent and Declaration

I authorise my Doctor(s) and Specialist(s) to release report/medical information about my condition, relevant

to my fitness to drive, to the Secretary of State's medical adviser.

I authorise the Secretary of State to disclose such relevant medical information as may be necessary to the investigation of my fitness to drive, to doctors, paramedical staff and Panel members, and to inform my doctor(s)

of the outcome of the case where appropriate.

I declare that I have checked the details I have given on the enclosed questionnaire and that, to the best of my

knowledge and belief, they are correct.

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

Signature Date

Applicant's name DOB

Please forward copies of relevant hospital notes only. PLEASE DO NOT send any

7 notes not related to fitness to drive

8 Applicant's consent and declaration

8

Your full name Date of Birth

Your address Home telephone number

Work/Daytime number

E-mail address

About your GP/Group Practice

GP/Group name

Address

Telephone

E-mail address

Fax number

Applicant's Details

To be completed in the presence of the Medical Practitioner carrying out the examination

Please make sure that you have printed your name and date of birth on each page before sending this form with your application

Medical Practitioner Details

To be completed by Doctor carrying out the examination

Name **Surgery Stamp**

Address

E-mail address

Fax number

Signature of Medical Practitioner Date

D4

9 Your details

10 Doctor's details

D D M M Y Y

Appendix 3



Statutory Declaration of Medical Conditions, Convictions, Cautions and Pending Prosecutions for Hackney Carriage and Private Hire Drivers

Note: The Rehabilitation of Offenders Act 1974 does not apply to Hackney Carriage and Private Hire Driver's convictions.

It is essential that you read the booklet "Policy Statement on Guidelines to Convictions" and the notes on page 2 before completing this statutory declaration. All convictions of any kind must be disclosed.

I (full name):		Date of Birth:	
Of (full address)			
		Postcode:	

Do solemnly and sincerely declare that: (tick 1 and either declaration 2 or 3 as appropriate):

1.	I am aware of no disability or physical or mental medical condition that would affect my ability to drive a Hackney Carriage or Private Hire vehicle.	<input type="checkbox"/>
2.	I have never been convicted of any offence and I have never been cautioned for any offence and I am not subject to any pending prosecution.	<input type="checkbox"/>
3.	I list here full details of every offence for which I have ever been convicted, together with full details of every offence for which I have been cautioned, and full details of every offence for which I am currently being prosecuted.	<input type="checkbox"/>

Motoring and Criminal Convictions, Cautions and pending prosecution details (including 'spent' convictions)

Date of Conviction / Caution / Pending Hearing	Court	Offence	Penalty

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

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Statutory Declarations Act 1835.

Date:		Signature of the person making the declaration:	
-------	--	---	--

Declared before me: (signature of solicitor/commissioner for oaths – see note 4 on page 2):

Signature:		Name:	
At: (office address / address stamp)			

Notes:

1. Any person who knowingly and wilfully makes a statutory declaration which is false in a material particular is guilty of an offence and liable to conviction, to a term of imprisonment for a period of up to 2 years or to a fine or to both (Section 5 of the Perjury Act 1911).
2. Failure to disclose convictions, cautions and pending prosecutions can be taken into account when assessing the suitability of hackney carriage and private hire drivers to be licensed or continue to be licensed.
3. If you have declared any convictions or should information received from the Criminal Records Bureau (CRB) indicating that you have convictions which you may or may not have declared, then your application may be considered by members of the Licensing Committee. More information will be given to you in the event of this happening.
4. **Note to solicitor/commissioner for oaths:** Please would you remind the applicant that it is not a true declaration unless he/she has completed the table overleaf, giving details of all convictions and cautions if so required. Please write on the back of one of the applicant's photographs the words "I certify that this is a true likeness of [applicant's name]" and sign and date.

Motoring and Criminal Convictions, Cautions and pending prosecutions details continued:

Date of Conviction / Caution / Pending Hearing	Court	Offence	Penalty

Appendix 4

Relevant extract of: Minutes of the Taxi Trade meeting held on 4th September 2007 at 10am at the Council Chamber, Hardman's Mill

6. Medicals

TB advised the group that other Councils had been researched and further advised that the DVLA's Fitness to Drive Guidance booklet indicates that taxi drivers should have a Group 2 medical. TB advised that this would explain the inconsistency in the rates being charged for medicals.

A discussion on the fees currently being charged took place.

TB advised that the Group 2 medical would be more expensive but once done, remains valid to the age of 45 with another medical required every five years thereafter until age 65 unless restricted to a shorter period for medical reasons. From age 65 Group 2 licences are renewable annually without upper age limit.

A discussion on the costs and current problems took place. RB stated that the Group 2 medical makes the statutory declaration seem like a good idea as the cost is cancelled out. A discussion on this took place.

TB advised that no applicants had been refused a licence on medical grounds and JB stated that if an applicant failed a medical, they would not come back to the Council to make an application. A discussion on this took place.

RB advised that the overall cost for the licence and associated documents would remain the determining factor.

JB enquired of the arrangements in Rochdale. The cost and licence length were discussed. TB advised that the costs could not be compared with Rochdale as they are a bigger authority.

Resolved:

That the relevant facts and figures will be provided and will then be taken back to members for consideration