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Scarborough Borough Council

Dual Driver Licence Guidance Notes & Application Pack

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These guidance notes are aimed at assisting applicants when making an application; You are advised to read Scarborough Borough Council's Taxi & Private Hire Policy before making an application. The Policy is available to view online at www.scarborough.gov.uk

-  licensing.services@scarborough.gov.uk
-  www.scarborough.gov.uk
-  @scarborocouncil
-  /scarboroughcouncil
-  01723 232323

DUAL DRIVER'S LICENCE

Scarborough Borough Council's Licensing Authority issues dual driver licenses which gives the holder the flexibility to drive either a private hire vehicle or hackney carriage vehicle. A licence will usually be issued for a 3 year period with drivers aged 65 and over required to produce an annual medical report.

A person must be considered as fit and proper to hold a driver's licence with this authority, a licence cannot be granted to a person who is under 18 years of age or who has not held a full driving licence for a period of 1 year. All applicants are required to complete an application form and are reminded that it is an offence to knowingly or recklessly make any false statement or omit relevant information.

If you intend to carry wheelchair users in a private hire vehicle or drive a wheelchair accessible hackney carriage, you must also complete and pass a wheelchair accessible vehicle assessment/exercise approved by the Licensing Authority. Further details can be obtained by contacting Licensing Services.

APPLICATION PROCEDURE

You must make an appointment to submit your application form in person. Applications cannot be made by post.

Please bring the following information to your appointment.

- Completed Application Form
- Fee
- Evidence of Identity for immigration status check
- Medical Certificate dated within 12 months of date of application
- Disclosure and Barring Service (DBS) application and supporting evidence of identity or a DBS disclosure dated within 6 months of date of application
- DVLA Photocard Driving Licence
- DVLA Driving Licence check code

Stage 1

Your application and immigration status will be checked at your appointment to ensure we have all the information required. Please note your DBS disclosure can take up to 8 weeks to arrive.

Stage 2

Your application will be acknowledged in writing and you will be provided with a date and time for your Knowledge & Geographical Test.

Once you have successfully passed your Knowledge & Geographical Test and you have submitted your DBS disclosure (which will be sent direct to you from the DBS), your completed application will be considered by the Licensing Authority.

If your application is granted your licence will be issued within 5 working days and forwarded to you in the post (any original documents will be sent via recorded delivery). You will also be sent a date and time to attend the Safeguarding Course.

In some cases it may be deemed necessary for your application to be determined at a meeting of the Licensing Sub-Committee, the date of which you would be notified of in writing.

Immigration Act 2016 – Status Check

The Licensing Authority is required by law to check the immigration status off **ALL** drivers. You must produce evidence of your identity at your application appointment and all documents must be originals. The full range of documents acceptable for checking are set out in two lists attached to these guidance notes.

DVLA Licence Check Code

As part of the application process we must check the details of your driving licence including any points or disqualifications you may have. To obtain a code please visit www.gov.uk/view-driving-licence. **Your code must be no more than 14 days old when you submit your application.**

Medical Report

All applicants must submit a medical certificate on the approved form issued by the Council which must be completed and signed by a registered medical practitioner. The medical examination is to be conducted to Group 2 DVLA medical standards for passenger carrying vehicles. It is the applicant's responsibility to arrange for the necessary medical examination at his/her own expense.

Your medical examination must be carried out by a GP practitioner who has access to your medical history in order that reference can be made to your medical records. If the medical certificate produced is not satisfactory in any respect, you may be required to provide additional medical evidence concerning your fitness and to submit to a further examination by a doctor selected by the Council.

Disclosure & Barring Service (DBS)

You should be aware that the Licensing Authority is empowered by law to check with the Disclosure & Barring Service for the existence and content of any criminal record in the name of an applicant. Information received from the DBS will be kept in strict confidence while the licensing process takes its course and will be retained for no longer than necessary.

The disclosure of a criminal record or other information will not debar you from gaining a licence unless the Authority considers that the conviction renders you unsuitable. In making this decision the Authority will consider the nature of the offence, how long ago and what age you were when it was committed and any other factors that may be relevant. Any applicant refused a drivers licence on the ground that he/she is not a fit and proper person to hold such a licence has a right of appeal to the Magistrates' Court.

DBS - Evidence of identity

If you are submitting a DBS application the following evidence of identity must be submitted. Please note we can only accept original documents and these will be returned to you by recorded delivery.

Documents required in support of your DBS application –

- 1 document from group 1 **and**
- 2 further documents from group 1, 2a or 2b; one of which must verify your current address.

Group 1 – Primary Identity Documents

Passport	Any current and valid passport
Biometric residence permit	UK/Isle of Man/Channel Islands and EU (full or provisional) (Please note some European countries do not issue counterparts) All licences must be valid in line with current DVLA requirements
Current driving licence – photocard with counterpart	UK/Isle of Man/Channel Islands and EU (full or provisional) (Please note some European countries do not issue counterparts) All licences must be valid in line with current DVLA requirements
Birth certificate – issued at time of birth	UK and Channel Islands – including those issued by UK authorities overseas, e.g. embassies, High Commissions and HM Forces
Adoption certificate	UK and Channel Islands

Group 2a: Trusted government documents

Current driving licence – photo card	All countries (full or provisional) All licences must be valid in line with current DVLA requirements
Current driving licence – paper version	UK/Isle of Man/Channel Islands and EU. All licences must be valid in line with current DVLA requirements
Birth certificate – issued after time of birth	UK and Channel Islands
Marriage/civil partnership certificate	UK and Channel Islands
HM Forces ID card	UK
Firearms licence	UK, Channel Islands and Isle of Man

Group 2b: Financial and social history documents

Mortgage Statement	UK or EEA	Issued in last 12 months
Bank or building society statement	UK and Channel Islands or EEA	Issued in last 3 months
Bank or building society account opening confirmation letter	UK	Issued in last 3 months
Credit card statement	UK or EEA	Issued in last 3 months
Financial statement e.g. pension or endowment	UK	Issued in last 12 months
P45 or P60 statement	UK and Channel Islands	Issued in last 12 months
Council tax statement	UK and Channel Islands	Issued in last 12 months
Work permit or visa	UK	Valid up to expiry
Letter of sponsorship from future employment provider	Non-UK or non-EEA only – valid only for applicants residing outside of the UK at time of application	Must still be valid
Utility bill	UK – not mobile telephone bill	Issued in last 3 months
Benefit Statement e.g. Child Benefit, Pension	UK	Issued in last 3 months
Central or local government, government agency, or local council document giving entitlement, e.g. from the Department for Work and Pensions, the Employment Service, HMRC	UK and Channel Islands	Issued in last 3 months
EU National ID Card		Must still be valid
Cards carrying the PASS accreditation logo	UK and Channel Islands	Must still be valid
Letter from head teacher or college principal	UK – for 16 to 19 year olds in full time education. Only used in exceptional circumstances if other documents cannot be provided	

Knowledge & Geographical Test

Drivers must have a good working knowledge of the area within which they intend to work. Therefore to maintain the high standards that the Licensing Authority expects of its drivers, a licence to drive a hackney carriage or private hire vehicle shall not be granted until the applicant has successfully passed this test.

The test is in two parts, the first being on the '**Law and Conditions**' relating to private hire and hackney carriages and the second part of the test relates to '**Knowledge of the Borough**'.

A non-refundable fee will be charged to cover the cost of officer time and administration of both the knowledge and geographical tests.

An applicant will be given a maximum of 3 attempts in any 6 month period to pass both tests. If an applicant fails on the third occasion a new application and fee will be required. The pass mark for each test is 75%. Both tests must be successfully completed prior to the grant of a licence.

Part 1 – Law and Conditions

This will involve all applicants being tested on the basic requirements of hackney carriage and private hire licensing laws and the conditions in the Policy.

Part 2 – Knowledge of the Borough

This will involve all applicants being tested on the following and will be relevant to the town/area from which they operate, however applicants are expected to know the key routes within the Borough:

- Names of significant roads
- Locations of residential areas, caravan sites, holiday parks, hotels and guest houses
- Locations of public houses, private and registered clubs
- Locations of churches, hospitals, public offices, schools, train and bus stations
- Routes to specific destinations

Applicants should refer to the Knowledge Test information pack attached to this guidance for full details.

Safeguarding Training

Following the grant of a licence (and where a driver has not already completed an approved certified safeguarding training session) the driver shall within 6 months produce a certificate to the Licensing Authority confirming that they have undertaken and completed a training session on safeguarding and safer recruitment.

You will be given an appointment to attend a training course at the Town Hall. Please note failure to attend could result in the review of your licence.

Driver Dress Code

The Licensing Authority is committed to encouraging the professional image of licensed drivers and the tourism industry and considers therefore that drivers must conform to a minimum standard of dress as set out in the Taxi and Private Hire Policy order to raise and maintain the profile of the licensed trade. It is expected that such standards shall be maintained at all times.

Medical Conditions following the issue of a licence

The licence holder shall notify the Licensing Authority in writing without undue delay of any serious illness or accident or deterioration in health that may affect their ability to drive a licensed vehicle safely.

The driver shall at any time, or at such intervals as the Licensing Authority may reasonably require, produce evidence from a registered medical practitioner to the effect that he/she is or continues to be physically fit to be a driver of a vehicle. Any costs shall be borne by the driver.

Convictions or arrests following the issue of licence

The driver shall notify the Licensing Authority in writing as soon as is reasonably practicable, and in any event within 72 hours, of full details of any convictions, sentencing, fixed penalty fines, driving penalty points, cautions, warnings, binding over or reprimands imposed on him/her during the period of the licence.

Whether charged or not, the driver shall notify the Licensing Authority in writing within 72 hours of any arrest or contemplated court proceedings against them.

Change of details

If you change your address, telephone number or email, whether of a temporary or permanent nature you are must notify the Licensing Authority in writing within 7 days and pay a fee for your licence to be amended. Your licence must be enclosed with your request.

Immigration Act 2016 – Status Check

List of acceptable documents for right to a licence checks

LIST A - No restrictions on right to work in the UK. Once you have undertaken the necessary check once, you will not have to repeat the check when you subsequently apply to renew or extend your licence.	
1.	A passport showing the holder, or a person named in the passport as the child of the holder, is a British citizen or a citizen of the United Kingdom and Colonies having the right of abode in the UK.
2.	A passport or national identity card showing the holder, or a person named in the passport as the child of the holder, is a national of a European Economic Area (EEA) country or Switzerland.
3.	A Registration Certificate or Document Certifying Permanent Residence issued by the Home Office to a national of a European Economic Area country or Switzerland
4.	A Permanent Residence card issued by the Home Office to the family member of a national of an European Economic Area country or Switzerland.
5.	A current Biometric Immigration Document (Biometric Residence Permit) issued by the Home Office to the holder, indicating that the person named is allowed to stay indefinitely in the UK, or has no time limit on their stay in the UK.
6.	A current passport endorsed to show that the holder is exempt from immigration control, is allowed to stay indefinitely in the UK, has the right of abode in the UK or has no time limit on their stay in the UK.
7.	A current immigration Status Document issued by the Home Office to the holder with an endorsement indicating that the named person is allowed to stay indefinitely in the UK, together with an official document giving the person's permanent National Insurance Number and their name issued by a Government agency or previous employer.
8.	A full birth or adoption certificate issued in the UK which includes the name(s) of at least one of the holder's parents or adoptive parents, together with an official document giving the persons permanent National Insurance Number and their name issued by a Government agency or previous employer.
9.	A birth or adoption certificate issued in the Channel Islands, the Isle of Man or Ireland, together with an official document giving the persons permanent National Insurance Number and their name issued by a Government agency or previous employer.
10.	A certificate of registration or naturalization as a British citizen, together with an official document giving the persons permanent National Insurance Number and their name issued by a Government agency or a previous employer

List B: Restrictions on right to work in the UK. These documents are subject to statutory limitations and a licence may be issued up to the expiry date of the permission to work. You will need to produce the documents to check immigration status/Right to work each time you apply to renew or extend your licence.	
1.	A current passport endorsed to show that the holder is allowed to stay in the United Kingdom and is currently allowed to do the type of work in question.
2.	A current Biometric Immigration Document (Biometric Residence Permit), issued by the Home Office to the holder which indicates that the named person can currently stay in the United Kingdom and is allowed to do the work in question.
3.	A current Residence card (including an Accession Residence Card or a Derivative Residence Card) issued by the Home Office, to a non-European Economic Area national who is a family member of a national of a European Economic Area country or Switzerland or who has a derivative right of residence.
4.	A current Immigration Status Document containing a photograph issued by the Home Office to the holder with a valid endorsement indicating that the named person may stay in the United Kingdom, and is allowed to do the type of work in question, together with an official document giving the person's permanent National Insurance Number and their name issued by a Government agency or previous employer (e.g. P45, P60, National Insurance Card).
Documents – documents where there is a restricted time limited of 6 months.	
1.	A Certificate of Application issued by the Home Office under regulation 17(3) or 18A(2) of the Immigration (European Economic Area) Regulations 2006, to a family member of a national of a European Economic Area country or Switzerland, stating that the holder is permitted to take employment, which is less than 6 months old, together with Verification from the Home Office Evidence and Enquiry Unit. The licence may be granted for six months from the date of the Certification of Application.
2.	A Verification issued by the Home Office, Evidence and Enquiry Unit to you which indicates that the named person may stay in the UK because they have an in time application, appeal or administrative review and which is outstanding. The licence may be issued for six months from the date of the licence decision.



Hackney Carriage & Private Hire

Knowledge Test information

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About the Knowledge Test

All new applicants for a dual driver's licence must undertake and pass the Knowledge test before a licence can be issued. You will be sent the date and time of your test after submitting a full and valid application.

Applicants should arrive at Scarborough Town Hall (Civic Reception) at least 15 minutes prior to the start of the test; failure to attend at this time may result in you having to take the test on another date.

Please only attend if you have been allocated an appointment to sit your test.

The test you take will depend on which part of the Borough you are proposing to work in:

North - Whitby and surrounding area

South: - Scarborough, Filey and surrounding area

You will be given 1 hour in which to complete the test and you are **not** permitted to use notes, an A-Z or any other map for this test. The test fee entitles applicants to 3 attempts at passing the test within a 90-day period.

The test is in two parts, the first of which explores the **Law and Conditions** relating to private hire and hackney carriages and the second part relates to **knowledge of the borough**. You will be required to score at least 75% in both parts to successfully pass the test. If you pass one part but not another then you will only have to re-sit the part you failed.

Part 1 – Law and Conditions

In this part there are four compulsory questions which **must** be answered correctly. If you fail to correctly answer any of these four questions you will automatically fail the test and the rest of your paper will not be marked. Page 3 of this booklet sets out the four questions including the correct answers to them, pages 3-5 lists forty multiple choice questions, sixteen of which will be in your test. The majority of the answers to these questions are contained within Council's Taxi and Private Hire Policy available on the Council's website; however some may require your own research.

Part 2 – Knowledge of the Borough

Part 2 comprises of twenty questions including four 'describe the route' questions chosen from the list found on page 8 of this booklet. You should describe the shortest (not fastest) route between the two points, naming as many roads that you may travel along as you can.

You will also be required to locate 'places of interest' from within the Borough which will be selected at random from the lists found on pages 6 & 7 of this booklet. A question may also ask you to name the road you would take to a particular destination.

If you have any questions please contact Licensing Services on 01723 232323.

Part 1 - Law and Conditions

Compulsory Questions and Answers:

(Remember these 4 questions are compulsory and **must** be answered correctly).

1. (Q) Where must a licensed driver display their Dual Driver's Badge?
(A) It must be worn in a position where it can be clearly seen.
2. (Q) What must a licensed driver do if they receive penalty points or any other conviction/caution?
(A) Notify the Licensing Authority in writing within 72 hours.
3. (Q) In what manner should a licensed driver behave at all times?
(A) In a civil, polite and courteous manner.
4. (Q) In what condition should a driver maintain their vehicle?
(A) In a roadworthy and clean condition both inside and out.

Multiple Choice Questions

1. What assistance must a driver give with a passenger's luggage?
2. When can a driver eat or drink in a licensed vehicle?
3. What type of clothing is considered unacceptable when working as a driver of a licensed vehicle?
4. What must a driver do if there is a serious change in their medical condition?
5. Is a driver allowed to smoke tobacco or e-cigarettes in a licensed vehicle?
6. Can a private hire vehicle stop at a taxi rank to pick up or drop off a passenger?
7. Does a driver have to issue a passenger with a receipt?
8. When can a licensed driver refuse to transport an assistance dog?
9. What must a driver do if they have any accident in a licensed vehicle?
10. When driving a hackney carriage and approaching a rank which is full, what must the driver do?

11. When can a driver leave a hackney carriage unattended on a taxi rank?
12. What is the minimum amount of luggage a licensed vehicle must be able to carry?
13. Can a driver convey passengers other than the one who hired the licensed vehicle?
14. Who is responsible for ensuring a child aged 13 years and under wears a seat belt in a licensed vehicle?
15. Between what hours must a driver not sound their horn in a built up area?
16. What safety equipment must be carried in a licensed vehicle?
17. How often is a driver aged over 65 years required to undergo a medical?
18. What is the maximum number of passengers a licensed vehicle may carry; excluding the driver?
19. Does a baby sat on another passengers knee count towards the total number of passengers carried in a licensed vehicle?
20. Who is permitted to ply for hire in a wheelchair accessible hackney carriage?
21. Can the partner of a licensed driver drive their licensed vehicle?
22. Who is responsible for ensuring a licensed vehicle is in a roadworthy condition?
23. Can a driver charge extra for carrying a wheelchair bound passenger?
24. When can a driver stop on 'School Keep Clear' road markings?
25. Can a trailer be used by a hackney carriage when plying for hire?
26. What must a driver do if they find a defective tyre on their vehicle?
27. What must you do when arriving at the pick up point to collect a passenger, if the passenger is not immediately available?
28. What route must you follow from pick up to drop off when booked to take a passenger?
29. Where on the vehicle should the licence plate be fixed?
30. If you lose your badge what must you do?
31. Where must the driver's photographic identity card be displayed in a vehicle?

32. Who is responsible for preventing smoking in a licensed vehicle?
33. Which type of licensed vehicle is permitted to carry advertising on the exterior of the vehicle?
34. All bookings for a Private Hire vehicle must be made through an operator – True or False?
35. When can the licence plates be removed from a licensed vehicle?
36. When does a licensed driver have to engage the taxi meter in a hackney carriage?
37. Whilst you are working as a Private Hire Driver but don't have a booking, you are approached by someone in a street and they ask you to take them as a passenger. What must you do?
38. What must you do if you change address, telephone number or operator?
39. When can you refuse to take a fare whilst driving a Hackney Carriage?
40. When must a private hire vehicle display door signs?

Part 2 – Knowledge of the borough

Places of Interest - North

Shops and Supermarkets	Bars, Restaurants & Hotels
Co-op Superstore	Abbey Wharf
Costcutter Convenience Store	Bay Royal Hotel
Lidl	Birch Hall Inn
Poundland	Black Bull Pub
Sainsbury's Supermarket	Ditto Restaurant
	Dunsley Hall
Healthcare Services	Estbek House
Havelock Dental Practice	First in, Last out
Springvale Medical Centre	Green's
Whitby Hospital	Hart Inn
	Humble Pie 'n' Mash
Facilities and other services	Jolly Sailors Inn
Whitby Fire Station	Kam Thai
Whitby Library	Larpool Hall
Whitby Police Station	Magpie Café
Whitby Town Council	Moutreys
	Park Dene Bed and Breakfast
Schools	Pier Inn
Airy Hill Community Primary School	Postgate Inn
Caedmon College	Resolution Hotel
Eskdale School	Sandside Cafe
St Hilda's R C Primary School	Sherlock's Coffee House
Stakesby Community Primary School	The Angel Hotel
	The Bridge Inn
Entertainment and Activities	The Dolphin
Captain Cook Memorial Museum	The Endeavour
Falling Foss Tea Garden	The Flask
Grosmont Train Station	The Grapevine
Mini Monsterz	The Hare and Hounds
Pannett Park	The Marine
St Mary's Church	The Met Bar
The Moors National Park Centre	The Middle Earth Tavern
Whale Bones	The Moon and Sixpence
Whitby Abbey	The Raithwaite Estate
Whitby Coliseum Centre	The Salmon Leap Hotel
Whitby Golf Club	The Wilson Arms
Whitby Museum	Trenchers
Whitby Pavilion	
Whitby Rifle Club	
Whitby Sports Centre	
Whitby Yacht Club	

Places of Interest - SOUTH

Shops and Supermarkets		Entertainment and Activities (Cont)
Aldi Supermarket		Peasholm Park
B&Q Superstore		Playdale Farm Park
Matalan		Rotunda Museum
Morrison's Supermarket		Scarborough Castle
Proudfoot Supermarket (Eastfield)		Scarborough Cricket Club
Sainsbury's Supermarket		Scarborough Open Air Theatre
Tesco Supermarket - Filey		Scarborough Spa Complex
Tesco Supermarket - Scarborough		Sealife Marine Sanctuary
		Stephen Joseph Theatre
Healthcare Services		
Castle Health Centre		Bars, Restaurants & Hotels
Corner House Dental Surgery		5 Leys Hotel – Filey
Eastfield Medical Centre		Bella Italia - Filey
Peasholm Dental Surgery		Belle Vue – Filey
Scarborough General Hospital		Blue Lounge
St Catherine's Hospice		Bryherstones Inn
The Filey Surgery		Florio's
		Harbour Bar
Facilities and other services		Kam Sang Restaurant
Filey Library		Leeds Arms
Filey Police Station		Mist
Scarborough Fire Station		Monsoon Indian Cuisine - Filey
Scarborough Library (main)		Premier Inn
Scarborough Police Station		Red Dragon
Scarborough Post Office (main)		Scholars Bar
Scarborough Town Hall		Soba
		The Byways
Schools		The Clifton Hotel
Barrowcliff School		The Copper Horse
Filey Junior School		The Crescent Hotel
George Pindar School		The Crown Spa Hotel
Graham School		The Curry Leaf
Northstead Primary School		The Grand Hotel
Scarborough 6th Form College		The Grapes Inn - Filey
		The King Richard III
Entertainment and Activities		The Lord Rosebery
Cobble Landing - Filey		The Mayfield
Compass Health and Fitness		The Newcastle Packet
Filey Bird and Animal Park		The Old Scalby Mills
Filey Evron Centre		The Royal Hotel
Filey Golf Club		The Scarborough Flyer
Hollywood Plaza Cinema		The Station – Filey
Mecca Bingo		The Waterhouse
Mini Monsterz		The Watermark Café

North Cliff Golf Club	Tricolo's
Olympia Leisure	White Lodge Hotel – Filey
Opera House Casino	Wrea Head Hall Hotel

Routes - North

FROM	TO
Whitby Railway Station	Estbek House
Whitby Railway Station	Whitby Abbey
Whitby Railway Station	The Middle Earth Tavern
Co-op Superstore	Ash Grove
Lidl	Eskdale Road
Postage Inn	Love Lane
Hare and Hounds	Victoria Hotel (Robin Hoods Bay)
Pier Inn	Parsons Close
The Salmon Leap Hotel	Trenchers
Caedmon school	Mulgrave Road
Falling Foss Tea Garden	Park Dene Bed and Breakfast
Havelock Dental Practice	Pembroke Way
Mini Monsterz	The Ropery
Whitby Golf Club	Bay Royal Hotel
Sainsbury's Superstore	Beacon Way (Sneaton)
The Bridge Inn	West Cliff Avenue
Humble Pie 'n' Mash	St Peter's Road
Ditto Restaurant	The Avenue (Ruswarp)
The Raithwaite Estate	Moutrey's
The Moon and Sixpence	Hanover Terrace
First in, Last out	Whitehall Landing

Routes - South

FROM	TO
Scarborough General Hospital	Royal Avenue
Scarborough General Hospital	Betton Rise
Scarborough Railway Station	Wrea Head Hall Hotel
Scarborough Railway Station	Cayton Bay Holiday Park
The Opera House Casino	Holbeck Avenue
Sainsbury's (Main Superstore)	Main Street, Cayton
The Sealife Marine Sanctuary	Royal Hotel
The Scarborough Flyer	Hawthorn Walk
Tesco (Scarborough Superstore)	Box Hill
The Crown Spa Hotel	Scarborough Open Air Theatre
Castle Health Centre	Lilac Walk
Tibby Butts	Cogoni's Restaurant
Ask Restaurant	Pinewood Drive
Morrison's Superstore	Pasture Lane (Seamer)

The Byways		Sea View Crescent
Red Dragon		Lancers Court
Tesco (Filey Superstore)		Primrose Valley Holiday Park
San Marco Restaurant (Filey)		West Street (Mustron)
Filey Railway Station		White Lodge Hotel (Filey)
Blue Dolphin Holiday Park		Filey Golf Club
The Cottage Inn (Hunmanby)		Flower of May Holiday Park



Application for Grant of Dual Driver's Licence

I hereby request the Licensing Authority to grant me a licence to allow me to act as the driver of a licensed taxi or private hire vehicle in accordance with the Public Health Act 1875, the Town Clauses Act 1847 and 1889 and the Local Government (Miscellaneous Provisions) Act 1976.

Please note that this application will not be accepted unless all sections have been completed and all original documents are enclosed.

Applicant

1.	Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
2.	Surname:	
3.	Forenames:	
4.	Date of birth:	

5.	Permanent Address:	
6.	Telephone Number (Home):	
7.	Telephone Number (Mobile):	
8.	Email Address: <i>(This is compulsory)</i>	

9.	If relevant, please provide details of any hackney carriage or private hire driver licences you have held in the last 5 years <i>(continue on a separate sheet of paper if necessary)</i>		
	Issuing Council:	Badge No:	Issue Date:
			Expiry Date:

10.	Have you ever been refused a hackney carriage or private hire driver's licence, or had the licence revoked or suspended by this or any other Council?		
	<input type="checkbox"/> Yes <i>(If yes, please provide details below)</i> <input type="checkbox"/> No <i>(If no, please continue to q.12)</i>		

11.	Full details of whether it was revoked, suspended or refused <i>(continue on a separate sheet of paper if necessary)</i>		

12.	Private Hire Operator Details
If you intend to obtain your work from a private hire operator, please provide details below.	
Private Hire Operator Name:	Address:

13.	Do you have any criminal convictions (including 'spent' convictions), motor offences ASBO's, Cautions, Binding Over or Public Order Fixed Penalty Notices recorded against you?
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Hackney Carriage and Private Hire Driver professions are exempt from the Rehabilitation of Offenders Act 1974 therefore applicants must declare ALL convictions or cautions even those that may normally be deemed spent.

No - I have never been convicted of **ANY** offence and I have never been cautioned for any offence *(if no, please continue to 17)*.

Yes - 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.

		Date of Offence	Date of Conviction	Offence
14.	Details of offences: <i>(Continue on a separate sheet of paper if necessary. Remember to put your name and date of birth at the top)</i>			

<p>Please explain the circumstances surrounding your offence(s) <i>(Continue on a separate sheet of paper if necessary. Remember to put your name and date of birth at the top)</i></p>	
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15.	Do you have any pending prosecutions, have been charged with any offence or are you currently being investigated by the Police or any other enforcement agency for any motoring or criminal offence that you are aware of?	
<input type="checkbox"/> Yes <i>(If yes, please provide details below)</i>		
<input type="checkbox"/> No <i>(If no, please continue to 17)</i>		
16.	Details of pending prosecutions/alleged offences: <i>(Continue on a separate sheet of paper if necessary. Remember to put your name and date of birth at the top)</i>	
Please explain the circumstances surrounding any pending prosecutions/alleged offences <i>(Continue on a separate sheet of paper if necessary. Remember to put your name and date of birth at the top)</i>		

17.	Immigration Act 2016 – Status Check (Right to work)
<p>Your right to work in the UK will be checked as part of your licence application and this could include the Council checking your immigration status with the Home Office. You must therefore provide a suitable document or document combination for this check (see pages 9 and 10 of the guidance). The document(s) will be checked at an appointment with you and copies retained by the Council with the original document(s) returned to you. Your application will not be considered valid until all the necessary information and original document(s) have been produced and the relevant fee has been paid.</p> <p>If there are restrictions on the length of time you may work in the UK, your licence will not be issued for any longer than this period. In such circumstances the check will be repeated each time you apply to renew your licence. If, during this period, you are disqualified from holding a licence because you have not complied with the UK's immigration laws, your licence will cease to have effect and you must return it to the licensing authority. Failure to do so is a criminal offence.</p>	

18.	Enclosures																					
I have made or enclosed payment of the fee		<input type="checkbox"/>																				
I have enclosed 1 passport size colour photograph <i>(wearing glasses if you need them to drive)</i>		<input type="checkbox"/>																				
I have enclosed suitable documentation for my Immigration Act 2016 Status Check		<input type="checkbox"/>																				
I have enclosed my DVLA driving licence		<input type="checkbox"/>																				
I have enclosed a Scarborough Borough Council Medical Report from my own GP (or GP with access to my medical records)		<input type="checkbox"/>																				
I have enclosed a DBS certificate dated within 6 months or a DBS application <i>Details of DBS supporting evidence of identity can be found at the back of the application.</i>		<input type="checkbox"/>																				
My Driving licence check code is (see page 4 of the guidance notes)		<input type="checkbox"/>																				
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										<input type="checkbox"/>												
Please write clearly using both upper and lower case letters as shown on your code.																						
DVLA Licence No:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>																					<input type="checkbox"/>

19. Declarations	
I understand that I may be liable for prosecution if I have knowingly or recklessly made a false statement or omitted any material particular to this application.	<input type="checkbox"/>
I declare I am entitled to work in the UK as a Private Hire Driver / Licensed Taxi Driver	<input type="checkbox"/>

20. Signature (A)	
<p>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.</p> <p>As part of the application process, all applicants are required to provide details of all convictions, cautions and fines that may have accrued over time. All such offences should be disclosed regardless of age. The Council will verify this information by checking the specific declaration with the details held by the DBS and DVLA. The Council will handle such data in accordance with the Data Protection Act 1998, the principles laid down by the Information Commissioner's Office and the Council's Data Retention and Disposal Schedule.</p> <p>The data is used as part of the statutory application process to determine whether applicants are a 'fit and proper' person to hold the respective licence. This process may include the information being presented to the Council's Licensing Committee for determination.</p>	
Signature:	Date:

21. Signature (B)	
<p>I hereby declare that the information given in this form is true, complete and correct and that I have no objections to, and hereby authorise the council to make such enquiries as may be necessary to check the truth of that information, which could include requesting information from other Councils, Police and Government departments such as the Home Office. I authorise Scarborough Borough Council to enquire and receive information relating to my hackney carriage or private hire licence and/or conduct matters relevant to my application.</p>	
Signature:	Date:



Medical Report

Do not complete the vision assessment until you have read the following

Important information for doctors

Please read and follow the information below before deciding if you are able to **fully and accurately** fill in the vision assessment. **If you are unable to do this, you must tell the applicant that they will need to ask an optician or optometrist to fill it in.**

We will make a licensing decision based on the information you provide.

What you need to assess

If glasses (not contact lenses) are worn for driving, you **MUST** be able to establish the diopetre measurement of the correction used. If the correction is greater than +8 diopetres in any meridian of either lens, we may not be able to issue a Group 2 licence.

Applicants for Group 2 (lorry or bus) entitlements must have, as measured by the 6 metre Snellen chart:

- a visual acuity of at least **6/7.5** (decimal Snellen equivalent 0.8) in the better eye
- a visual acuity of at least **6/60** (decimal Snellen equivalent 0.1) in the other eye
- this may be achieved with or without glasses or contact lenses
- we cannot accept a Snellen reading shown with a plus (+) or minus (-) e.g. 6/6-2 or 6/9+3
- 3 metre readings must be converted to the 6 metre equivalent

Note: Drivers first licensed to drive Group 2 vehicles before 31 December 1996 who cannot meet the above standards may still be considered on an individual basis. Please see leaflet INF4D (Medical examination report) for further information.

Before you fill in this report please:

- check the applicant's identity
- read the information leaflet INF4D (Medical examination report). This can be viewed in PDF format at www.gov.uk/reapply-driving-licence-medical-condition

The applicant is responsible for any fee payable for completion of the assessment. The Licensing Authority will not be liable for any costs involved.

Please note that if you complete the vision assessment as well as the medical assessment, you must sign and date **both** parts of the form.

Medical examination report

Vision assessment

To be filled in by a doctor or optician/optometrist.

You **MUST** read the guidance notes on page 1 and the INF4D leaflet before completing this report.

If correction is needed to meet the eyesight standard for driving, ALL questions must be answered. If correction is NOT needed, questions 5 and 6 can be ignored.

- Please confirm (✓) the scale you are using to express the driver's visual acuities.
Snellen Snellen expressed as a decimal
LogMAR
- Is the visual acuity at least 6/7.5 in the better eye and at least 6/60 in the other eye (corrective lenses may be worn to meet this standard) **YES NO**
- Were corrective lenses worn to meet this standard? **YES NO**

If **Yes**, glasses contact lenses both together
- Please state the visual acuity of each eye.
Please convert any 3 metre readings to the 6 metre equivalent.

Uncorrected		Corrected (using the prescription worn for driving)	
<input type="text" value="R"/>	<input type="text" value="L"/>	<input type="text" value="R"/>	<input type="text" value="L"/>
- If **glasses** (not contact lenses) are worn for driving, is the corrective power greater than plus (+)8 dioptres in any meridian of either lens?
- If correction is worn for driving, is it well tolerated? If **No**, please give full details in the box provided
If you answer yes to any of the following give details in the box provided.
- Is there a history of any medical condition that may affect the applicant's binocular field of vision (central and/or peripheral)?
If formal visual field testing is considered necessary, DVLA will commission this at a later date
- Is there diplopia?
(a) Is it controlled?
If **yes**, please give full details in the box provided
- Does the applicant on questioning, report symptoms of intolerance to glare and/or impaired contrast sensitivity and/or impaired twilight vision?
- Does the applicant have any other ophthalmic condition?

Details/additional information

Date of eyesight examination if different to date of signature

<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------

Name of examining doctor/optician (print)

Signature of examining doctor/optician

Date of signature

<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------

Please provide your GOC, HPC or GMC number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Doctor/optometrist/optician's stamp

Applicant's full name

Date of birth

<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------

Please do not detach this page

Medical examination report

Medical assessment

Must be filled in by a doctor

- Please check the applicant's identity before you proceed.
- Please ensure you fully examine the applicant as well as taking the applicant's history.
- **Please answer all questions**, and read the notes in the INF4D leaflet (Information and useful notes) to help you complete this form

1 Nervous system

Questions 1-4 below **MUST** be answered.

Please tick ✓ the appropriate box(es)

YES NO

- Has the applicant had any form of seizure? YES NO
If **NO**, please go to **question 2** below
 - Has the applicant had more than one attack? YES NO
 - Please give date of first and last attack
First attack
Last attack
 - Is the applicant currently on anti-epileptic medication? YES NO
If **YES**, please fill in current medication in **section 8**
 - If no longer treated, please give date when treatment ended
 - Has the applicant had a brain scan? YES NO
If **YES**, please give details in **section 6**
 - Has the applicant had an EEG? YES NO
If **YES** to any of above, please supply reports if available.
- Is there a history of blackout or impaired consciousness within the last 5 years? YES NO
If **YES**, please give date(s) and details in **section 6**
- Does the applicant suffer from narcolepsy? YES NO
If **YES**, please give date(s) and details in **section 6**
- Is there a history of, or evidence of **ANY** conditions listed at a-h? YES NO
If **NO**, go to **section 2**
If **YES**, please give full details in **section 6** and supply relevant reports
 - Stroke or TIA YES NO
If **YES**, please give date
Has there been a **full** recovery? YES NO
Has a carotid ultra sound been undertaken? YES NO
 - Sudden and disabling dizziness/vertigo within the last year with a liability to recur YES NO
 - Subarachnoid haemorrhage YES NO
 - Serious traumatic brain injury within the last 10 years YES NO
 - Any form of brain tumour YES NO
 - Other brain surgery or abnormality YES NO
 - Chronic neurological disorders YES NO
 - Parkinson's disease YES NO

2 Diabetes mellitus

YES NO

- Does the applicant have diabetes mellitus? YES NO
If **NO**, go to **section 3**
If **YES**, please answer the following questions.
 - Is the diabetes managed by:-
 - Insulin? YES NO
If **YES**, please give date started on insulin
 - If treated with insulin, are there at least 3 months of blood glucose readings stored on a memory meter(s)? YES NO
If **NO**, please give details in **section 6**
 - Other injectable treatments? YES NO
 - A Sulphonylurea or a Glinide? YES NO
 - Oral hypoglycaemic agents and diet? YES NO
If **YES** to any of a-e, please fill in current medication in **section 8**
 - Diet only? YES NO
 - Does the applicant test blood glucose at least twice every day? YES NO
 - Does the applicant test at times relevant to driving? YES NO
 - Does the applicant keep fast acting carbohydrate within easy reach when driving? YES NO
 - Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving? YES NO
 - Is there any evidence of impaired awareness of hypoglycaemia? YES NO
 - Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person? YES NO
 - Is there evidence of:-
 - Loss of visual field? YES NO
 - Severe peripheral neuropathy, sufficient to impair limb function for safe driving? YES NO
 If **YES** to any of 4-6 above, please give details in **section 6**
 - Has there been laser treatment or intra-vitreous treatment for retinopathy? YES NO
If **YES**, please give date(s) of treatment.

Applicant's full name

Date of birth

3 Psychiatric illness

All questions must be answered

- Please enclose relevant hospital notes
- If applicant remains under specialist clinic(s), ensure details are given in **section 7**.

Is there a history of, or evidence of, **ANY** of the conditions listed at 1–7 below?

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Significant psychiatric disorder within the past 6 months | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Psychosis or hypomania/mania within the past 3 years, including psychotic depression | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Dementia or cognitive impairment | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Persistent alcohol misuse in the past 12 months | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Alcohol dependence in the past 3 years | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Persistent drug misuse in the past 12 months | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Drug dependence in the past 3 years | <input type="checkbox"/> | <input type="checkbox"/> |

If yes to **ANY** of questions 4-7, please state how long this has been controlled

Please give details of past consumption or name of drug(s) and frequency

4 Cardiac

4a Coronary artery disease

Is there a history of, or evidence of, coronary artery disease? YES NO

If **NO**, go to **section 4b**

If **YES**, please answer all questions below and give details at **section 6** of the form and enclose relevant hospital notes.

- Has the applicant suffered from angina? YES NO
If **YES**, please give the date of the last known attack DD MM YY
- Acute coronary syndrome including myocardial infarction? YES NO
If **YES**, please give date DD MM YY
- Coronary angioplasty (P.C.I.) YES NO
If **YES**, please give date of most recent intervention DD MM YY
- Coronary artery by-pass graft surgery? YES NO
If **YES**, please give date DD MM YY

4b Cardiac arrhythmia

Is there a history of, or evidence of, cardiac arrhythmia? YES NO

If **NO**, go to **section 4c**

If **YES**, please answer all questions below and give details in **section 6**

- 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 the last 5 years YES NO
- Has the arrhythmia been controlled satisfactorily for at least 3 months? YES NO
- Has an ICD or biventricular pacemaker (CRT-D type) been implanted? YES NO
- Has a pacemaker been implanted? YES NO
If **YES**:-
(a) Please supply date of implantation DD MM YY
(b) Is the applicant free of symptoms that caused the device to be fitted? YES NO
(c) Does the applicant attend a pacemaker clinic regularly? YES NO

Peripheral arterial disease (excluding Buerger's disease) aortic aneurysm/dissection

4c

Is there a history of, or evidence of, **ANY** of the following: YES NO

If **NO**, go to **section 4d**.

If **YES**, please answer all questions below and give details in **section 6**

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Peripheral arterial disease (excluding Buerger's disease) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the applicant have claudication?
If YES , how long in minutes can the applicant walk at a brisk pace before being symptom-limited?
Please give details <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Aortic aneurysm <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES :
(a) Site of Aneurysm: Thoracic <input type="checkbox"/> Abdominal <input type="checkbox"/>
(b) Has it been repaired successfully? <input type="checkbox"/> YES <input type="checkbox"/> NO
(c) Is the transverse diameter currently > 5.5 cm? <input type="checkbox"/> YES <input type="checkbox"/> NO
If NO , please provide latest measurement and date obtained <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY | | |
| 4. Dissection of the aorta repaired successfully <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES , please provide copies of all reports to include those dealing with any surgical treatment. | | |
| 5. Is there a history of Marfan's disease? <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES , provide relevant hospital notes | | |

Applicant's full name

Date of birth

 DD MM YY

4d Valvular/congenital heart disease

YES NO

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

If **NO**, go to **section 4e**

If **YES**, please answer all questions below and give details in **section 6** of the form.

1. Is there a history of congenital heart disorder?

2. Is there a history of heart valve disease?

3. Is there a history of aortic stenosis?
If **YES**, please provide relevant reports

4. Is there any history of embolism?
(not pulmonary embolism)

5. Does the applicant currently have significant symptoms?

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

4e Cardiac other

YES NO

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

If **NO**, go to **section 4f**

If **YES**, please answer **ALL** questions and give details in **section 6**

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

(b) established cardiomyopathy?

(c) has a left ventricular assist device (LVAD) been implanted?

(d) a heart or heart/lung transplant?

(e) untreated atrial myxoma

4f Cardiac investigations

YES NO

All questions must be answered

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?

*If yes to a, b or c please provide a copy of the relevant ECG report or comment at **section 6***

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

If **YES**, please give date and

give details in **section 6**

Please provide relevant reports if available

YES NO

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

(a) If **YES**, please give date and give details in **section 6**

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

Please provide relevant reports if available

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

If **YES**, please give date and give details in **section 6**

Please provide relevant reports if available

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

If **YES**, please give date and give details in **section 6**

Please provide relevant reports if available

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

If **YES**, please give date and give details in **section 6**

Please provide relevant reports if available

4g Blood pressure

1. Please record today's blood pressure reading

YES NO

2. Is the applicant on anti-hypertensive treatment?

If **YES** provide three previous readings with dates if available

Applicant's full name

Date of birth

5 General

All questions must be answered

If YES to any, give full details in section 6

YES NO

- 1. Is there **currently** any functional impairment that is likely to affect control of the vehicle?
- 2. Is there a history of bronchogenic carcinoma or other malignant tumour with a significant liability to metastasise cerebrally?
- 3. Is there any illness that may cause significant fatigue or cachexia that affects safe driving?
- 4. Is the applicant profoundly deaf?
If **YES**, is the applicant able to communicate in the event of an emergency by speech or by using a device, e.g. a textphone?
- 5. Does the applicant have a history of liver disease of any origin?
If **YES**, please give details in **section 6**
- 6. Is there a history of renal failure?
If **YES**, please give details in **section 6**
- 7. Is there a history of, or evidence of, obstructive sleep apnoea syndrome or any other medical condition causing excessive day time sleepiness?
If **YES**, please give diagnosis

Please give
(i) Date of diagnosis
(ii) Is it controlled successfully?
(iii) If **YES**, please state treatment

(iv) Please state period of control

(v) Date last seen by consultant
- 8. Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia?
- 9. Does any medication currently taken cause the applicant side effects that could affect safe driving?
If **YES**, please provide details of medication and symptoms in **section 6**
- 10. Does the applicant have an ophthalmic condition?
If **YES**, please provide details in **section 6**
- 11. Does the applicant have any other medical condition that could affect safe driving?
If **YES**, please provide details in **section 6**

6 Further details

Please forward copies of relevant hospital notes. PLEASE DO NOT send any notes not related to fitness to drive.

Applicant's full name

Date of birth

7 Consultants' details

Details of type of specialist(s)/consultants, including address.

Consultant in
Name
Address

Date of last appointment

Consultant in
Name
Address

Date of last appointment

Consultant in
Name
Address

Date of last appointment

8 Medication

Please provide details of all current medication (continue on a separate sheet if necessary)

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

Applicant's full name

Date of birth

9 Additional information

Patient's weight (kg)

Height (cms)

Details of smoking habits, if any

Number of alcohol units taken each week

Examining doctor's details

To be filled in by doctor carrying out the examination

Please ensure all sections of the form have been completed. Failure to do so will result in the form being rejected.

10 Doctor's details (please print name and address in capital letters)

Name

Address

Telephone

Email address

Fax number

Surgery stamp

--

I certify that the applicant named in this medical is:

Fit Unfit

(please tick the appropriate box)

To drive hackney carriage/private hire vehicles.

GMC registration number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature of medical practitioner

--

Date of examination

If you have filled in both the vision and medical assessments, both sections must be signed and dated.

Applicant's details

To be filled-in in the presence of the doctor 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

11 Your details

Your full name
Your address
Email address

Date of birth

D	D	M	M	Y	Y
---	---	---	---	---	---

Home phone number

Work/daytime number

About your doctor/group practice

Doctor/group name
Address
Phone
Email address
Fax number

12 Applicant's consent and declaration

Consent and declaration

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

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

I authorise my Doctor(s) and Specialist(s) to release reports to Scarborough Borough Council as Licensing Authority about my medical condition.

I authorise Scarborough Borough Council to disclose such relevant medical information as may be necessary to the investigation of my fitness to drive, to all those involved in the determination of my application for a licence, and to release to my Doctor(s) details of the outcome of my case and any relevant medical information.

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

Applicants signature

Name

Signature

Date

Applicant's full name

Date of birth

D	D	M	M	Y	Y
---	---	---	---	---	---