Licensing Team Shropshire Council Shirehall Abbey Foregate Shrewsbury, SY2 6ND



Medical Exemption Application Form Procedure Notes

In accordance with section 167 of the Equality Act 2010 ("the Act"), Shropshire Council intends to publish a list of designated wheelchair accessible vehicles licensed by this authority on 1st November 2018.

Section 166 of the Act allows for drivers to apply for an exemption from the duties under section 165 of the Act on medical grounds or because the driver's physical condition makes it impossible or unreasonably difficult for them to comply with those duties.

Drivers wishing to apply for an exemption from the duties under section 165 of the Act will be required to complete this application form.

- In order for your exemption application to be accepted you must ensure you send in the following information:
 - Completed application form
 - Completed Medical Exemption Certificate
 - Any additional supporting documentation to support your request for an exemption
- Please note: if any part of the application form is incomplete the application will not be processed until such a time as all the information is provided.
- Applications for a medical exemption from the duties will be referred to the Licensing Panel for determination.
- Once your application has been accepted your will receive an acknowledgement letter which will explain the next stage of the application process.

Licensing Team Shirehall Abbey Foregate Shrewsbury, SY2 6ND

Email: taxis@shropshire.gov.uk web: www.shropshire.gov.uk

Tel.: 0345 678 9046



Medical Exemption Application Form

To assist you in completing this application form please read the guidance notes provided. **Equality Act 2010**

1.	Applicant Details (please complete all the fields:)			
	Title (delete as appropriate): Mr/Mrs/Miss/Ms/Other:			
	Surname: Forenames:			
	Address:			
	Postcode: Email address: (the licensing team will forward correspondence via email as the preferred method of contact)			
	Telephone number:			
	Telephone number: Mobile number:			
	Please tick ✓ Yes • I have enclosed a completed application form and all required supporting documents as listed in the Procedure Notes			
	I understand that if I do not comply with the above requirements my application will not be processed			
	ase note: if any part of the application form is incomplete the application will not be cessed until such a time as all the information / documentation is provided.			
I de	laration of Applicant clare that the information I have supplied in this application is true, complete and accurate to the best by knowledge.			
	ny person knowingly or recklessly makes a false statement or omits any material particulars iving information he/she shall be guilty of an offence.			
The	a Protection information provided will be used in the process of considering the application and may be sent to porised bodies including: Police, Benefits, Councillors, Inland Revenue, other local authorities.			
shaı or a pers	opshire Council is under a duty to protect the Public Funds that we handle and to this end we may be your information internally or with other organisations for the prevention and detection of a crime my matters connected to a breach of Shropshire Councils Licensing Policy. We will not transfer your conal data outside the European Economic Area or disclose it to any third party other than for the poses outlined.			
Арр	licant Signature: Date:			
Full	name (in CAPITALS):			
F.v.o.:-	ention Application V1			

Licensing Team
Public Protection
Shirehall
Abbey Foregate
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Shropshire

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Medical Exemption Certificate to accompany Exemption Application Form under section 166 of Equality Act 2010 Guidance notes

Exemption, on the medical grounds, from the duties to <u>assist</u> wheelchair passengers in accordance with Section 165 of the Equality Act 2010

Section 165 imposes legal duties on the driver of a designated hackney carriage and private hire vehicle, which has been hired by or for a disabled person in a wheelchair, or by another person who wishes to be accompanied by a disabled person who is in a wheelchair.

The key components of Section 165 are summarised below:

- Hackney carriage/private hire drivers will be required to carry the passenger while in the wheelchair
- Hackney carriage/private hire drivers are prohibited from charging wheelchair-users an additional fare for a journey
- Hackney carriage/private hire drivers will be required to carry the passenger's wheelchair if the wheelchair—user chooses to sit in a passenger seat during the journey
- Hackney carriage/private hire drivers will be obliged to take such steps as are necessary to ensure that the wheelchair-user is carried in safe and reasonable comfort
- Hackney carriage/private hire drivers must provide reasonable levels of mobility assistance to the disabled passenger
- Hackney carriage/private hire drivers cannot refuse hires from wheelchair users

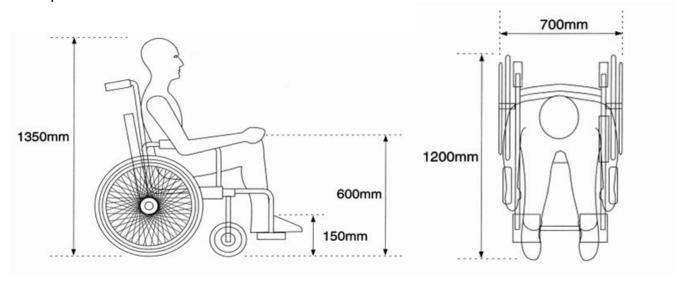
The Act defines mobility assistance as:

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

Please examine the applicant fully and complete the Medical Certificate section of this report.

Please ensure that you confirm the applicant's identity before the examination.

As there are numerous shapes and sizes of wheelchair this assessment should be based on the applicant's ability to perform the above with a 'reference wheel chair'. The Department for Transport consider a reference wheelchair to be as illustrated below:



After completion of the medical please send the Medical Exemption Certificate to the Licensing Team

Licensing Team
Public Protection
Shirehall
Abbey Foregate
Shrewsbury, SY2 6ND



Medical Exemption Certificate for Hackney Carriage/Private Hire Drivers

Name of Driver:		Date of Birth			
Address:					
or unreasonably difficu	ave a medical condition or physical condition which would make it impossible ult for them to provide physical assistance to persons in wheelchairs? ot have a medical condition or physical condition which would make it mably difficult for them to provide physical assistance to persons in				
If the applicant does have medical condition or disability which would make it difficult for them to provide physical assistance to persons in wheelchairs, please give details of the condition/disability and for how long they cannot be undertaken (continue on a separate sheet if necessary). Please attach any relevant medical reports.					
Is this a permanent condition? Yes / No Is this a temporary condition? Yes / No If 'Yes' please give date that, in your opinion, a Temporary Exemption should be granted until: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐					
I confirm that this report was completed at examination and that I am currently GMC registered and licensed to practice in the UK or I am a doctor who is registered to practice medicine within the EU, if the report was completed outside of the UK.					
I confirm that I have seen and consulted the applicant's original medical records and that all the details provided are correct. Surgery Stamp:					
Doctor's signature:					
Doctor's name (please print):					
GMC Registration Number:					
Date of Examination:					

Exemption Application - V1