

# NEWCASTLE·UNDER·LYME

## BOROUGH COUNCIL

### Application for a Dual Hackney Carriage and Private Hire Drivers Licence

Please read and complete all of the fields in this application form.

**Only completed application forms that are accompanied by the following documentation will be acceptable. The documents must be originals. Photocopies will not be accepted.**

1. The Fee. Payment will be made at The Depot, Knutton Lane by cheque or debit/credit card only.
2. Online Enhanced DBS reference number/online DBS update service reference.
3. The medical questionnaire attached and completed by the applicant's own GP. It is the Council's policy for all applicants to undertake a medical. Medicals for renewal applications will be required for every other application where the application runs concurrent with the expiring licence.
4. A current valid full UK or European driving licence showing the applicant to be over 21 years of age and to have held such a licence for a minimum period of 12 months.
5. One recent, colour passport sized photograph.
6. To provide two written character references which must show the referee's name and address. They cannot be family members or the operator that you are going to work for.
7. Newcastle-under-Lyme Borough Council Safeguarding Training Certificate.
8. DVLA Licence and DVLA check code (for validating driving licence). By giving this code, I give my consent for NULBC licensing to check my driving history at **[www.gov.uk/check-driving-information](http://www.gov.uk/check-driving-information)**
9. Applicants must provide original certificates for one of the following qualifications either:-
  - Level 2 NVQ BTEC Certificate in Road Passenger Vehicle Driving (Taxi and Private Hire)
  - or an NVQ for Taxi and Private Hire Drivers
  - or HABC Level 2 Certificate in Introduction to the Role of the Professional Taxi and Private Hire Driver (QCF)
10. In addition, applicants must provide evidence from Burslem College of passing a topographical test relating to the Borough of Newcastle-under-Lyme. Telephone 01782 603603 to book your test.
11. Document to prove you have a right to a licence and a right to work.
12. Proof of address (utility bill less than three months old/bank statement/current years C/Tax bill)

PLEASE NOTE: In cases where the documentation reveals convictions for offences which fall within the Council's guidelines for the relevance of convictions, the decision on whether to grant or refuse will be made by the Council's Public Protection Committee.

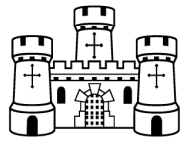
**Applicants should be satisfied as to their right to work in the UK.**

**If your nationality is not within the European Economic Area (EEA) please advise whether you have a valid Biometric Residence Permit or work permit in a current travel document.**

## **National Fraud Initiative**

The Council is required under Section 6 of the Audit Commission Act 1988 to participate in the National Fraud Initiative data matching exercise. Information provided to determine Licensing Applications will be supplied to the Audit Commission and used for cross system, cross authority and other comparison purposes for the prevention and detection of fraud.

All the following questions in this application must be answered. Your application will not be processed if your form is not completed correctly.



**NEWCASTLE·UNDER·LYME**  
**BOROUGH COUNCIL**

**Local Government (Miscellaneous Provisions) Act 1976**

**Application for a Dual Hackney Carriage and Private Hire driver licence**

**Please complete all the fields.**

Mr  Mrs  Miss  or write your title

(A) Surname

(B) First name

(C) Previous names

(D) Current home address

(E) Postcode

(F) Contact Details  
Telephone number

E-mail address

(G) Date of Birth

(H) National Insurance Number

--	--	--	--	--	--	--	--	--	--

(I) DVLA Driving Licence number

(J) DVLA check code

You can obtain your DVLA check code here <https://www.gov.uk/view-driving-licence>

## To be completed by all applicants

(K) If you hold a current Hackney Carriage or Private Hire Driver's Licence with another council, please state.

Other council's name

Badge number

Date of expiry

(L) Have you ever been refused a licence or had a licence revoked by this or any other Council?

Yes

No

If refused or revoked, please state the Council Badge Number, date and the type of licence held and the reason why.

Badge number	
Date	
Type of Licence held	
The reason why the licence was refused or revoked	

(M) Please give details of your **current employment** if applicable, and any previous employment in the last five years.

Name of employer                      Address                      Employment start and end date

Name of employer	Address	Employment start and end date

(N) Have you **ever** been convicted of any criminal offences, received a caution, reprimand or warning **or** been convicted of **any** road traffic offence **including** penalty points on your DVLA driving licence? This also includes any warnings or cautions issued to you by this or any other council.

Yes                     

No                     

If your response is **Yes** then complete the fields on the next page.

If your response is **No** then put the words nil or none in the fields on the next page.

**Please note. If you fail to declare any information in this section, your application could be refused and/or your licence revoked; either now or in the future.**

If you are unsure as to if a particular conviction is now spent please contact a Newcastle-under-Lyme Licensing Officer on telephone number **01782 717717** or by e-mail **licensing@newcastle-staffs.gov.uk**.

Offence	Court	Date	Penalty or Sentence

(O) Have you ever had to attend a Public Protection committee by request of the Licensing team?

Yes

No

If yes please give the detail below.

Date	Reason	Outcome

(P) Do you have any knowledge or reason to believe that you are not medically fit to drive a vehicle?

Yes

No

If yes please give the detail below.

(Q) If you hold current licences with the Council please list the numbers below

**Private Hire  
Driver Licence**

**Hackney Carriage  
Driver Licence**

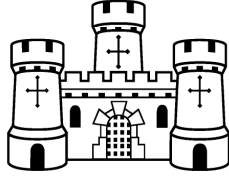
**Dual Driver  
Licence**



OFFICE USE ONLY

Date application received	D	D	M	M	Y	Y	Y	Y		
New Licence	Renewal									
DBS Application Reference										
Paid	Amount £									
Card	Cheque									
Receipt received	Number									
Old Licence received	Expiry Date		D	D	M	M	Y	Y	Y	Y
DBS Disclosure	Date issued		D	D	M	M	Y	Y	Y	Y
Convictions										
Medical expiry date. Add six years.	D	D	M	M	Y	Y	Y	Y	Unless the driver will be 65 years or older.	
DVLA driving licence expiry date	D	D	M	M	Y	Y	Y	Y		
Photograph										
2 references. New applicants										
Safeguarding certificate expires	D	D	M	M	Y	Y	Y	Y		
DVLA check code										
BTEC NVQ Level 2	NVQ Level 2			HABC Level 2 Certificate						
Topographical Certificate										
Right to work checked										
Operator form received										
Proof of address										
Date the applicant is 65 years old	D	D	M	M	Y	Y	Y	Y		





## **MEDICAL REPORT IN CONFIDENCE**

This Certificate is for the confidential use of the Licensing Authority and will be used in determining an applicant's suitability to hold a Hackney Carriage/Private Hire Vehicle Driver's Licence.

### **NOTE TO APPLICANT**

- Your application must be supported by a valid Medical Report completed by your own GP.
- Medical reports are required on every second application up to the age of 65. Thereafter they are valid for 1 year.

### **NOTE TO DOCTOR**

The Council has adopted the DVLA Group II medical standard, which applies to heavy goods vehicles (HGV) and public service vehicles (PSV), as the medical standard for Hackney Carriage/Private Hire Vehicle Driver Licences. Further information if available at [www.dvla.gov/at\\_a\\_glance/content.htm](http://www.dvla.gov/at_a_glance/content.htm)

### **A What you should do**

1. First read the notes at Section C (below) "**Medical Standards for the Drivers of Hackney Carriages/ Private Hire Vehicles**"
2. If you have any doubts about your ability to meet the medical standards, consult your doctor **before** you arrange for this medical form to be completed. Doctors charge a fee for completing such forms. **Fees are not refundable.**
3. Complete **Section 9** of this report in the presence of your doctor.
4. Submit the medical certificate together with your completed application form to the Licensing Service. **NOTE: Medical certificates over three months old are not accepted.**

### **B What your Doctor should do**

1. Complete all sections of this report having reference to the DVLA Group II Medical Standard for vocational drivers where appropriate.
2. Sign, date and apply official surgery stamp at **Section 8**.

### **C Group II Medical Standard**

The standard for vocational drivers is higher because professional drivers spend substantially longer

driving than most private motorists, so that the risk of sudden illness occurring whilst actually driving is greater. Applicants having the following conditions do **not** meet the standard:

**1. Epileptic seizure or medication for such a condition within the last ten years.**

**2. Insulin Dependent Diabetes who do not meet the C1 Standard.**

C1 The arrangements mean that those with good diabetic control and who have no significant complications can be treated as 'exceptional cases' and may have their application for a licence for category C1 considered. The criteria are:

- To have been taking insulin for a least 4 weeks;
- Not to have suffered an episode of hypoglycaemia requiring the assistance of another person whilst driving in the last 12 months;
- To attend an examination by a hospital consultant specialising in the treatment of diabetes at intervals of not more than 12 months and to provide a report from such a consultant in support of the application which confirms a history of responsible diabetic control with a minimal risk of incapacity due to hypoglycaemia;
- To provide evidence of at least twice daily blood glucose monitoring at times when C1 vehicles are being driven (those that have not held C1 entitlement in the preceding 12 months may provide evidence of blood glucose monitoring while driving other vehicles);
- To have no other condition which would render the driver a danger when driving C1 vehicles;
- To sign an undertaking to comply with the directions of the doctor(s) treating the diabetes and to report immediately to DVLA any significant change in condition.

**3. Serious eyesight defects such as double-vision and abnormal binocular field vision or the inability to read, with corrective lenses if needed, a number plate at 20.5 metres in good daylight.**

**4. Serious heart conditions.**

**5. Recent head injury with serious continuing after affects, or major brain surgery.**

**6. 'Chronic' neurological disorders likely to affect limb power and co-ordination.**

**7. Psychotic or schizophrenic illness in the past 3 years, or dementia.**

**8. Alcohol dependency or misuse, or illicit drug or substance dependency or use in the past 3 years.**

**9. Insuperable difficulty in communicating by telephone in an emergency.**

**CONFIDENTIAL**

Please answer all questions and tick all boxes. Do not give any further medical information.

**Name**

--

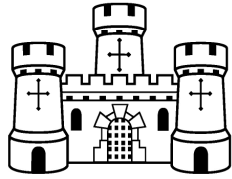
**Date of Birth**

--

1	VISION	YES	NO		
a	Please state all the visual acuities as measured by the Snellen Chart				
	Corrected			Uncorrected	
	Left	Right		Left	Right
b	Is there any loss of the full binocular field of vision? (central and/or peripheral)				
c	Is there uncontrolled diplopia?				
2	<b>HYPERTENSION</b>				
a	Is there a history of hypertension with BP readings consistently greater than 180 systolic or 100 diastolic?				
b	If YES, please provide the three most recent readings with dates.	1. 2. 3.			
c	If there is treated hypertension, does the medication cause any side effects likely to affect safe driving?				
3	<b>NERVOUS SYSTEM</b>				
a	Has the applicant had any major or minor epileptic seizure(s)?				
b	Please give the date of the last seizure				
c	Please give the date when treatment ceased.				
d	Is there a history of blackout or impaired consciousness within the past five years?				
e	Is there a history or liability to sudden and unprovoked or precipitated episodes of disabling dizziness or vertigo within the last year?				
f	Is there a history of chronic or progressive neurological disorder, brain surgery, serious head injury or brain tumour, benign or malignant, primary or secondary?				
g	Is there any history of traumatic brain injury?				
4	<b>DIABETES MELLITUS</b>				
a	Does the applicant have diabetes mellitus?				
	If NO, proceed to Section 5. If YES, please answer the following questions.				

b	Is the diabetes managed by Insulin?		
c	Is the diabetes managed by oral hypoglycaemic agents and diet?		
d	Is the diabetes managed by diet only?		
e	Is the diabetic control generally satisfactory?		
f	Is there evidence of significant complications such as loss of visual field laser treatment, severe peripheral neuropathy, impairment of limb function or joint position sense?		
g	Are there significant episodes of hypoglycaemia?		
h	Is there loss of warning symptoms of hypoglycaemia?		
5	<b>PSYCHIATRIC ILLNESS</b>		
a	Has the applicant suffered from or required treatment for a psychosis in the past three years?		
b	Has the applicant required treatment for any other psychiatric disorder within the past six months?		
c	Is there confirmed evidence of dementia?		
d	Is there a history of alcohol misuse or alcohol dependency or illicit drug or substance use or dependency in the past three years?		
e	Is there a history of illicit drug or substance use or dependency in the past three years?		
6	<b>GENERAL</b>		
a	Has the applicant currently a significant disability of the spine or limbs which is likely to impair control of the vehicle?		
b	Is there a history of bronchogenic or other malignant tumour with a significant liability to metastasise cerebrally?		
c	Is the applicant profoundly deaf?		
7	Does the applicant have sleep apnoea syndrome?		
	If YES please supply details		
a	Date of the diagnosis		
b	Is it controlled successfully?		
c	If YES, please state any treatment		
d	Please state the period of control		
8	Is there any other medical condition, causing excessive daytime sleepiness?		
a	Diagnosis		
b	Date of diagnosis		
c	Is it controlled successfully?		
d	If YES, please state treatment		
e	Please state period of control		

9	<b>CARDIOVASCULAR</b>		
a	Is there a history of coronary artery disease including myocardial infarction, coronary artery by-pass graft, coronary angioplasty or any other coronary artery procedure?		
b	Is there any history of angina or heart failure?		
c	Have any cardiac investigations including an exercise ECG, angiogram or echocardiograph been undertaken (or planned)?		
d	Has a pacemaker, cardiac defibrillator or atrioventricular tachycardia device been fitted or implanted?		
	Is there any history of the following:-		
e	Aortic aneurysm with a transverse diameter of 5.5cm or more		
f	Thoracic aortic aneurysm with bicuspid aortopathy, maximum aortic diameter should be less than 5.5 cm provided: <ul style="list-style-type: none"> <li>• No associated coarctation of aorta</li> <li>• No systemic hypertension</li> <li>• No family history of dissection and</li> <li>• Growth not greater than 3mm per year</li> </ul> If any of the above, the maximum aortic diameter allowed would be less than 5 cm.		
g	Symptomatic peripheral arterial disease		
h	Valvular heart disease (with or without surgery)		
i	Is there a history of Embolism (not pulmonary embolism?)		
j	Persistent dilation or hypertrophy of either ventricle		
k	Established cardiomyopathy		
l	Heart or heart/lung transplant		
m	Congenital heart disorder/disease		



**NEWCASTLE·UNDER·LYME**  
**BOROUGH COUNCIL**

**Declaration by General Practitioner - Mark the appropriate boxes**

I certify that the applicant has been on my panel for  years and that I have examined him/her having referred to the D.V.L.A. Group 2 Medical Standard for vocational drivers.

I confirm that:-

The applicant **meets** the medical standard to drive as required by the D.V.L.A.

The applicant **does not** meet the medical standard to drive as required by the D.V.L.A.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Section 8 - Medical Practitioner Details**

To be completed by applicant's General Practitioner

<b>SURGERY STAMP</b>	
Name	<input type="text"/>
Address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Signature of Medical Practitioner _____	Date _____
Print Name _____	

