

**Health and Community Protection  
Richard Hall – Head of Service**

Warwick District Council, Riverside House  
Milverton Hill, Royal Leamington Spa, CV32 5HZ

**direct line:** 01926 456705

**email:** [licensing@warwickdc.gov.uk](mailto:licensing@warwickdc.gov.uk)

**web:** [www.warwickdc.gov.uk](http://www.warwickdc.gov.uk)

**our ref:** Self-serve app  
**your ref:**

Dear Sir or Madam

**Renewal application for a hackney carriage/private hire driver's licence**

This letter provides you with all of the information you will need to complete the application process for the above licence.

You have chosen the application pack for applicants that are required to submit an annual medical certificate. If you are over 65 or have any medical conditions i.e. Diabetes that require you to submit annual medical certificates there is an additional administration charge of £20 per application. If you do not require an annual medical certificate please download the correct form with the appropriate fee information.

Before you begin please read the following points carefully as they will have an impact on the progress and outcome of your application.

- You must complete an on-line Disclosure and Barring Service (DBS) application or international equivalent if you have not been a resident of the UK for 5 years prior to the date of application.
- No Hackney Carriage Private Hire Driver application will be renewed if you have not taken the Disability Awareness Course in accordance with the requirements of the application process.
- If your renewal form and supporting documents including payment are not submitted by the Driver's Licence expiry date then your Hackney Carriage/Private Hire Driver's Licence will NOT be renewed and you will have to apply for a new Hackney Carriage/Private Hire Driver's Licence.
- The application form requires you to declare, amongst other things, all of your previous convictions and cautions, *not just motoring offences*, **whether spent or not**. These may be taken into account, even if they were committed some time ago.



## **It is an offence to make a false declaration on the application form.**

Below is a brief outline of the costs and timescales involved in applying to this authority, together with an explanation of the processing steps. After you have read all the relevant information, and you wish to continue with your renewal application, please complete all of the forms (paper and on-line) and return them, together with your application fees or receipts for on-line payments, in person to The Licensing Team, Health and Community Protection, Riverside House, Milverton Hill, Leamington Spa, CV32 5HZ.

For your application to be valid it must include:

- A completed and signed application form.
- Your completed and submitted on-line Disclosure and Barring Service (DBS) application reference number and receipt.
- A completed, stamped and signed Medical Certificate (dated no more than 4 weeks before submitting the application).
- A completed and signed DVLA driver's mandate.
- An original passport sized photo (taken no more than 4 weeks before submitting your application)
- Receipts for the correct fees (Application and DBS).

### **From 1<sup>st</sup> January 2016 the costs involved in the application are:**

• Licence & application fee (3 year licence) (Including DVLA mandate fee)	£248.00
• Medical administration fee (year 1- with application)	£ 6.00
• Medical administration fee (year 2)	£ 10.00
• Medical administration fee (year 3)	£ 10.00
• DBS fee	£ 55.50
<b>Total</b>	<b><u>£329.50</u></b>

You will also need to pay, directly to the service provider, for the Medical evaluation and certificate.

For current fee information you should contact the service provider directly. The attached guidance notes contain contact information for all Warwick District Council approved suppliers.

### **The time involved in the application:**

- It is unlikely that the process will be complete in under 6 weeks due to the required checks. This may increase if you are required to attend a hearing if you have previous convictions or cautions.
- Any application not completed within 6 months of the date it is received will be cancelled and a new application and fee will be required.

Yours faithfully,



**Marianne Rolfe**  
Regulatory Manager

# Guidance Notes for applicants

## General Notes

If you wish to continue driving after the date of expiry of your licence, we would recommend that you submit your full application as soon as possible prior to your licence expiry date. If you do not, then the process may not be completed in time.

If you fail to apply before the expiry of your licence, this will lapse and you will be treated as a **brand new applicant**. Therefore you will have to complete the Knowledge Test, Disability Awareness Course, Medical Examination and a new DBS check.

If you wish to discuss your renewal or have any other enquiries, you must make an appointment with a member of the licensing team. If an appointment is not made, no guarantee can be given that anyone will be free to see or speak with you.

## Application Form

You must complete and sign the Warwick District Council application form. Ensure that you answer all questions and fully understand the declaration you are signing. Pay special attention to section 2, ensuring that you include all convictions, spent and unspent. If you have convictions to declare please read the *Private Hire and Hackney Carriage Drivers, Vehicles and Operators Handbook (Guidelines relating to the relevance of convictions)* before you submit your application.

## On-line DBS application

You are required to complete a Disclosure and Barring Service (DBS) disclosure as part of the hackney carriage/private hire driver renewal application process. An online DBS check can be completed by accessing the internet from any PC/Laptop that has this facility. If you do not own your own computer you can go to any internet café or local library.

Please log in using the following URL in your top toolbar:

<https://disclosure.capitarvs.co.uk/coventry/>

**Please be aware that you must complete your application form in full as part completed application forms cannot be saved and any data you have input will be lost.** Please also be aware that there are instructions given on each screen.

On entering the system you will be asked to supply the following information:

Organisation Reference – **WDCTAXI**  
Password – **Wdctaxi2**

Once your application is complete and submitted you must present your 3 supporting identification documents and receipt of payment to a Licensing Officer at:

Warwick District Council  
Riverside House  
Milverton Hill  
Royal Leamington Spa  
CV32 5HZ

Officers are available to review your identification documentation during the Licensing I.D. Checking Surgery hours only. These are:

Monday 10:30 to 11:30

Tuesday 13:00 to 14:00

Thursday 10:30 to 11:30

Please ensure that you read all of the guidance notes carefully and follow the advice given. Pay particular attention to the guidance around the type of documents that can be used to support your application. Ensure that all documents are valid and meet all of the DBS standards before presenting them to us.

Please note the DBS fee is included within the total licence fee paid to Warwick District Council – if you pay for the DBS through the online payment portal on the website, then you must deduct the DBS payment off the remainder of the fee when this is paid at the Council.

You can pay for your DBS by cash or cheque at Reception in Riverside House or through the online payment portal at [www.warwickdc.gov.uk](http://www.warwickdc.gov.uk) on the Hackney Carriage Private Hire Drivers Licensing page.

**Your application will not be progressed until you have paid the DBS fee and presented valid identification documents to a Licensing Officer.**

### **Medical Certificate**

You must submit, with your application, your medical report and declaration, completed at your own expense, no more than 4 weeks before submitting the application. The certificate can be completed either by:

- Your own doctor; or
- Croft Medical Centre, Sydenham, Leamington Spa (Tel: 01926 310404); or
- Driver's Medicals, Coventry (Tel: 0870 609 1540)

### **DVLA Drivers Mandate**

Complete the form in full and sign it.

### **Disability awareness certificate**

No Hackney Carriage Private Hire Driver application will be renewed if you have not taken the Disability Awareness Course in accordance with the requirements of the application process. It is a requirement of the current application process that the course must be taken within 12 months of the receipt of a Hackney Carriage Private Hire Driver's licence.

Any driver who has not undertaken this course should expect to have their application refused. Therefore it is in your interest to register for the next course with the nominated course provider, Guide Dogs for the Blind – tel. no 0118 983 8882 / 0845 3727344.

## **Passport photograph**

You are required to provide an original, colour, passport sized photograph with your application. This must be a recent picture of yourself, taken within the past 4 weeks, it should be a clear full face picture, with no hats or sunglasses to be worn. Religious headdresses and prescription glasses are permitted if normally worn.

## **Delivering your application and associated papers**

You must deliver your application to the council offices in person. Your application will be accepted for assessment once all of the previously listed documents have been received. Please be aware that the reception staff do not work for Licensing and will not be able to assist with the completion of any element of the forms, or answer any application questions you may have.

## **Processing your application**

Once received, your application will be checked by a member of the Licensing Team. You will be contacted if there are any errors or omissions in your forms or if we require any further information or clarification. It is in your interest to respond quickly to any requests for information that are made as your application will not be progressed until all outstanding queries have been resolved. The licensing team will not accept any responsibility for delays in your application due to missing/incorrect items.

Once your application has been checked and accepted as correct by a member of the licensing team and the appropriate payments have been received you will receive a letter from us confirming the status of your application and returning any original documents to you. At this time a licensing officer will send your Data Protection Mandate off and authorise your on-line DBS application.

Your application will not be assessed until the licensing team receive notification of the outcome of your DBS certificate content. If the licensing team receive notification that your DBS is 'clear' from the service provider then your application will be assessed. If your DBS contains details of convictions and cautions then your application will not be assessed until licensing officers have seen your certificate. The DBS certificate will be sent directly to you. It is in your interests, therefore, to deliver the certificate (original document only) to the licensing team as soon as possible after you receive it.

Once the licensing team receive all of your documents and certificates (including your DBS certificate) your application will be assessed and an officer will determine your eligibility to continue to hold a Hackney carriage/private hire driver licence with the District within 10 working days.

If there are issues with your application that fall outside of the current policy on drivers you may be offered the opportunity to speak to a panel of councillors to explain your situation, in order for them to consider your application. You will be contacted by a member of the licensing team if this is the case.

**Please take the time to read the following information and guidance on our website. You will need to know and be conversant with the information contained within the booklets:**

**Private Hire and Hackney Carriage Drivers, Vehicles and Operators Handbook (Guidelines relating to the relevance of convictions);**

**[http://www.warwickdc.gov.uk/downloads/file/130/guidelines\\_relating\\_to\\_the\\_relevance\\_of\\_convictions](http://www.warwickdc.gov.uk/downloads/file/130/guidelines_relating_to_the_relevance_of_convictions)**

**Guidance notes and conditions;**

**[http://www.warwickdc.gov.uk/downloads/file/129/guidance\\_notes\\_and\\_conditions](http://www.warwickdc.gov.uk/downloads/file/129/guidance_notes_and_conditions)**



# Hackney Carriage & Private Hire Driver Licence

## Town Police Clauses Act 1847

### Local Government (Miscellaneous Provisions Act 1976)

Licensing Services, Health and Community Protection,  
Riverside House, Milverton Hill, Royal Leamington Spa, CV32 5HZ  
Tel: 01926 456705 Email: [licensing@warwickdc.gov.uk](mailto:licensing@warwickdc.gov.uk)

The application process will not commence until all relevant documents have been received and this form is completed fully and correctly.

I hereby apply for (please tick as appropriate)

New Grant

Renewal – Badge Number

WDCDR

**YOU MUST ANSWER ALL QUESTIONS IF NOT THE FORM WILL BE RETURNED TO YOU. PLEASE USE BLOCK CAPITALS.**

#### 1. YOUR PERSONAL DETAILS

Title: (Mr, Mrs, etc.)

Family name:

Forename(s):

Previous Names:

Date of Birth:

Place of Birth

Address:

Postcode:

Telephone No:

Mobile No:

National Insurance Number:

How long have you lived in the UK

Have you previously applied for or been refused any application for a Hackney Carriage/

Yes

Private Hire Drivers Licence with Warwick District Council or any other Licensing Authority

No

## DRIVING LICENCE DETAILS

How long have you held a full DVLA driving licence (years)

(Minimum period 2 years):

What Groups does your licence cover

DVLA driving licence number:

Valid from:

Expiry Date:

Current endorsements on DVLA driving licence (if none, write "NIL"):

Date of Offence	Offence Code	Points	Fine/Costs

Have you ever been disqualified from driving?

Yes

No

If Yes, please give details below:

Date:

Reason:

Period(s) of disqualification

Have you previously held either a Hackney Carriage or Private Drivers Licence?

Yes

No

If Yes, please give details below:

Council licence held with:

Date Licence ceased:

Reason for not continuing the Licence



## 2. CONVICTIONS

You are required to disclose all convictions, cautions, injunctions including antisocial behaviour orders, fixed penalty notices, restraining orders and details of any arrests for the purpose of establishing if an applicant is a "fit and proper" person to hold a licence. All convictions include any spent convictions (not just for Road Traffic Offences) under the Rehabilitation of Offenders Act 1974 and Rehabilitation of Offenders Act (Exceptions) Order 2003 must also be declared. It is an offence under section 57 of the Local Government (Miscellaneous Provisions) Act 1976 to knowingly or recklessly make a false statement on the licence application form.

Have you ever been convicted or cautioned of any offence, or received any of the items listed above?  
Yes  No

- In the box below you must list **ALL** your convictions, police cautions, warnings and reprimands except for "Protected Convictions or Cautions", even if you think they are not relevant or they are very old or you think they are spent or quashed.
- Include all offences and fixed penalty endorsements even if they are very old or they no longer appear on your licence.
- Include them all even if you have listed them on a previous application form.
- Include any convictions, cautions, warnings and reprimands received when you were outside the UK.
- You must include the date (i.e. day/month/year) for every conviction/caution/warning/reprimand etc.
- Use a separate sheet of paper if you need more space.
- If you have **No** convictions, cautions, warnings or reprimands you must write "**NONE**" in the section below.

If you are in any doubt as to what to write down you must contact the Taxi Licensing Office.

If Yes, please give details below (continue on a separate piece of paper if necessary):

Offence	Date of Conviction/Caution	Sentence

Are there any matters related to the prosecutions, convictions, cautions, injunctions including antisocial behaviour orders, fixed penalty notices, restraining orders and details or any arrests pending against you?

Yes  No

If yes, please give details below:

### 3. EMPLOYMENT DETAILS

Please state the name and address of the person who will employ you if this licence is granted:

Name:

Address:

Telephone No:

Will you be working (tick as appropriate)      Full time       Part time

### 4. MEDICAL

**A medical report and declaration is required to be submitted with all new applications. Medical reports are also required to be submitted with all renewal applications every three years, or more often if considered necessary or appropriate.**

**Once an applicant reaches 65 years of age, a medical report and declaration is required annually.**

Have you **ever** suffered from a prescribed medical disability, epilepsy or from sudden attacks of disabling giddiness or fainting from any disease, mental or physical disability likely to interfere with the efficient discharge of your duties as a driver, or to cause the driving of a Hackney Carriage or Private Hire Vehicle to be a source of danger to the public?      Yes      No      

If yes, please give details.

## 5. I hereby apply for a vehicle driver's licence and enclose:

- i. Completed application with birth certificate or valid passport  
*(New applications only).*
- ii. The appropriate fees (see separate list for current fees).
- iii. My current UK/EU Driving Licence in Current Address (held for 2 years).
- iv. A completed driving licence check mandate.
- v. A completed medical report and declaration.
- vi. One original passport sized photograph taken within the preceding month prior to submitting the application.  
*(No hats or sunglasses to be worn and only prescription glasses permitted).*
- vii. DBS on-line payment receipt (if on-line payment made)

**Your licence will not be renewed or granted unless all of the required supporting documents are enclosed.**

**Should you withdraw or cancel your application once it has been submitted and accepted, your application fees are none refundable.**

## 6. DECLARATION

I declare that I have checked the information given on this form and that to the best of my knowledge and belief it is correct.

I undertake to comply with the relevant legislation and application procedures administered by Warwick District Council and to immediately notify the Council, in writing, of changes in my personal/business circumstances, including any accidents and medical conditions, during the period of any licences issued.

Signature:

PRINT NAME:

Date:

Email address

**For renewal applications this form must be submitted, together with all required documents, as soon as possible before the expiry of your existing licence.**

**NOTE: Any new application not completed within 6 months of the date it is received will be cancelled and a new application and fee will be required.**

Warwick District Council 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.

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**MEDICAL CERTIFICATE FOR HACKNEY CARRIAGE AND PRIVATE HIRE DRIVERS**

Name of driver .....

Date of birth .....

Address .....

- The applicant meets the DVLA C1 category, group 2 medical standard of fitness and is therefore fit to drive hackney carriage/private hire vehicles.
- The applicant does not meet the DVLA C1 category, group 2 medical standard of fitness and is therefore not fit to drive hackney carriage/private hire vehicles.
- The applicant has diabetes treated by insulin and should be considered fit and granted a licence for twelve months once he has produced to you the form "*Medical statement for drivers with diabetes using insulin*", duly completed by a diabetes consultant and by himself. I have given the applicant a copy of this form.
- I have found a matter of relevance but I recommend that you grant him a renewal of his licence for the time being and that you follow the following recommendations regarding further medical evidence:
  - You should require the driver to produce, within two weeks, a written statement from his doctor stating that his blood pressure (on medical treatment if necessary) is not consistently above 180/100.
  - You should require the driver to produce, within two weeks, a written statement from an optometrist stating that his visual acuity, with glasses if necessary, is at least **6/7.5** in the better eye and **6/12** in the worse eye.
  - You should require the driver to produce, within three months, a statement from his GP or hospital specialist stating that within the last three years he has had an exercise treadmill test or other equivalent test of cardiac function and that this demonstrates that he meets the DVLA group 2 standard.
  - The driver should produce to you, within six weeks, the form "*Medical statement for drivers with tablet-controlled diabetes*", duly completed by a medical practitioner and by himself. I have given the applicant a copy of this form.

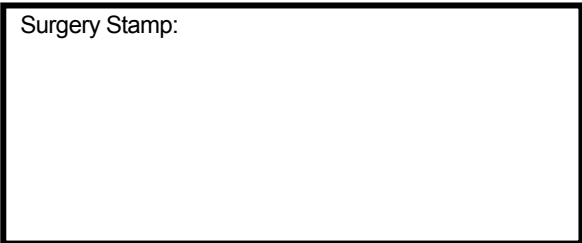
**Is there any reason to have a review before three years?**

- No, only as above
- Yes, more frequently
- If yes state what interval is recommended: \_\_\_\_\_

Doctor's signature.....

Doctor's name (please print).....

Date of examination.....



**Notes for the examining doctor:**

**Taxi and private hire drivers must achieve the same medical standard as DVLA group 2 (*Medical Aspects of Fitness to Drive, The Medical Commission on Accident Prevention 1995; and Fitness to Drive, A Guide for Health Professionals, Tim Carter, Chief Medical Advisor to the Department for Transport, 2006*)**

If the applicant is applying for a new licence, the required medical standard must be met before the person can be certified as fit. If an applicant is renewing an existing licence, and the problem which is identified is not of immediate medical concern, such as blood pressure marginally above the DVLA group 2 level or visual acuities marginally worse than the DVLA group 2 level, the candidate should be considered to be a "provisionally fit" and allowed to hold a licence with appropriate instructions to the licensing authority as indicated above.

An applicant using insulin for diabetes must produce both a declaration from a diabetes consultant and a declaration signed by himself, confirming a satisfactory level of control and monitoring as specified in the accompanying form "*Medical statement for drivers with diabetes using insulin*". He should not be considered fit to hold a licence until this is done.

An applicant taking sulphonylureas or glinides must produce both a declaration from a doctor and from himself confirming a satisfactory level of control and monitoring as specified in the accompanying form "*Medical statement for drivers with tablets-controlled diabetes*" but may be allowed a period of grace to obtain this evidence.

A person who has a history of established ischaemic heart disease including a heart attack, angina, or insertion of a stent at any time in the past, whether recent or distant, must have three yearly exercise treadmill tests or another equivalent functional test and be able to demonstrate a satisfactory standard equivalent to DVLA group 2 standard.

## Medical statement for drivers with diabetes using insulin

Licensing requirements for holding a group 2 licence (lorries and buses) and taxis require people with diabetes treated by insulin to obtain a statement from a hospital specialist and make a declaration themselves. Please obtain a statement from a specialist as below, and please sign the second declaration yourself.

You must have attended an examination by a hospital consultant specialising in the treatment of diabetes, and you must have the following statement from a consultant. The consultant may either sign below or reproduce the statement on headed paper.

Driver's name: _____ Date of birth: _____	
I am a consultant specialising in the treatment of diabetes and I have seen this person in the last year. I confirm that he/she: <ol style="list-style-type: none"><li>1. has a history of responsible diabetic control.</li><li>2. currently has a minimal risk of impairment due to hypoglycaemia.</li><li>3. has undergone treatment with insulin for at least four weeks.</li><li>4. has full awareness of, and understand the risks of, hypoglycaemia.</li><li>5. has not, during the immediately preceding year, had an episode of severe hypoglycaemia.</li><li>6. regularly monitors his or her condition and, in particular, undertakes blood glucose monitoring at least twice daily and at times relevant to driving, using a device that incorporates an electronic memory function to measure and record blood glucose levels, and undertakes to continue so to monitor.</li><li>7. will continue to have annual reviews with a hospital specialist.</li></ol>	
Signature of consultant and date:	
Name, address and authentication stamp of consultant:	

You must also sign the following declaration yourself:

Driver's name: _____ Date of birth: _____	
<ol style="list-style-type: none"><li>1. I understand the risk of hypoglycaemia and will comply with such directions regarding treatment for diabetes as may from time to time be given by the registered medical practitioner overseeing my treatment, or one of the clinical team working under the supervision of that registered medical practitioner.</li><li>2. I regularly monitor my condition and, in particular, undertake blood glucose monitoring at least twice daily and at times relevant to driving, using a device that incorporates an electronic memory function to measure and record blood glucose levels, and I undertake to continue so to monitor.</li><li>3. I will immediately report to the licensing authority in writing any significant change in my condition and will follow the advice of my registered medical practitioner, or one of the clinical team working under the supervision of that registered medical practitioner, concerning fitness to drive.</li></ol>	
Signature and date:	

## Medical statement for drivers with tablet-controlled diabetes

Licensing requirements for holding a group 2 licence (lorries and buses) and taxis require people with diabetes treated by certain tablets as shown below to obtain a statement from their doctor and make a declaration themselves. Please obtain a statement from your doctor as below, and please sign the second declaration yourself.

<b>Sulphonylureas, including the following</b> Chlorpropamide, Glibenclamide, Gliclazide, Glimepiride Glipizide, Glibense, Tolbutamide	<b>Glinides, which include the following tablets</b> Nateglinide also known as Starlix Repaglinide also known as Prandin
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You must have attended an examination by a doctor such as your GP who must sign the following statement.

Driver's name _____ Date of birth _____	
This person has attended an examination with me. I am a registered medical practitioner. I confirm that he/she: <ol style="list-style-type: none"> <li>1. has a history of responsible diabetic control and currently has a minimal risk of impairment due to hypoglycaemia.</li> <li>2. has full awareness of hypoglycaemia;</li> <li>3. has not, during the period of one year immediately preceding the date when the licence is granted, had an episode of severe hypoglycaemia; and</li> <li>4. regularly monitors his or her condition and, in particular, undertakes blood glucose monitoring at least twice daily and at times relevant to driving</li> </ol>	
Signature of doctor and date:	
Name, address and authentication stamp of doctor:	

You must also sign the following declaration yourself:

Drivers name: _____ Date of birth: _____	
<ol style="list-style-type: none"> <li>1. I understand the risk of hypoglycaemia and will comply with such directions regarding treatment for diabetes as may from time to time be given by the registered medical practitioner overseeing that treatment, or one of the clinical team working under the supervision of that registered medical practitioner;</li> <li>2. I will immediately report to the licensing authority in writing any significant change in my condition and will follow the advice of my registered medical practitioner, or one of the clinical team working under the supervision of that registered medical practitioner, concerning fitness to drive.</li> </ol>	
Signature and date:	





## 2 Nervous System

		YES	NO
1.	Has the applicant had any form of epileptic attack?	<input type="checkbox"/>	<input type="checkbox"/>
	(a) If <b>Yes</b> , please give date of last attack	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	(b) If treated, please give date when treatment ceased	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2.	Is there a history of blackout or impaired consciousness within the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
	If <b>YES</b> , please give date(s) and details in <b>Section 7</b>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does the applicant suffer from narcolepsy/cataplexy?	<input type="checkbox"/>	<input type="checkbox"/>
	If <b>YES</b> , please give details in <b>Section 7</b>		
4.	<b>Is there a history of, or evidence of any of the conditions listed at a - h below?</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>If NO, go to Section 3.</b>		
	<b>If YES, please tick the relevant box(es) and give dates and full details at Section 7.</b>		
	(a) Stroke/TIA <i>please delete as appropriate</i>	<input type="checkbox"/>	
	(b) Sudden and disabling dizziness/vertigo within the last 1 year with a liability to recur	<input type="checkbox"/>	
	(c) Subarachnoid haemorrhage	<input type="checkbox"/>	
	(d) Serious head injury within the last 10 years	<input type="checkbox"/>	
	(e) Brain tumour, either benign or malignant, primary or secondary	<input type="checkbox"/>	
	(f) Other brain surgery	<input type="checkbox"/>	
	(g) Chronic neurological disorders e.g. Parkinson's disease, Multiple Sclerosis	<input type="checkbox"/>	
	(h) Dementia or cognitive impairment	<input type="checkbox"/>	

## 3. Diabetes Mellitus

		YES	NO
1.	<b>Does the applicant have diabetes mellitus?</b> If <b>NO</b> , please proceed to <b>Section 4</b> If <b>YES</b> , please answer the following questions.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is the diabetes managed by:-		
	(a) Insulin?	<input type="checkbox"/>	<input type="checkbox"/>
	If <b>YES</b> , please give date started on insulin	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	(b) Oral hypoglycaemic agents and diet?	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Diet only?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does the patient test blood glucose at least twice every day?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is there evidence of:-		
	(a) Loss of visual field?	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Severe peripheral neuropathy, sufficient to impair limb function for safe driving?	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Diminished/Absent awareness of hypoglycaemia?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Has there been laser treatment for retinopathy?	<input type="checkbox"/>	<input type="checkbox"/>
	If <b>YES</b> , please give date(s) of treatment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6.	Is there a history of hypoglycaemia during waking hours in the last 12 months requiring assistance from a third party?	<input type="checkbox"/>	<input type="checkbox"/>

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

**4 Psychiatric Illness**

**Is there a history of, or evidence of any of the conditions listed at 1-6 below?**  
If **NO**, please go to **Section 5**

**YES**  **NO**

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.

- |  | <b>YES</b>               |
|--|--------------------------|
| 1. Significant psychiatric disorder within the past 6 months                   | <input type="checkbox"/> |
| 2. A psychotic illness within the past 3 years, including psychotic depression | <input type="checkbox"/> |
| 3. Persistent alcohol misuse in the past 12 months                             | <input type="checkbox"/> |
| 4. Alcohol dependency in the past 3 years                                      | <input type="checkbox"/> |
| 5. Persistent drug misuse in the past 12 months                                | <input type="checkbox"/> |
| 6. Drug dependence in the past 3 years   | <input type="checkbox"/> |

**5 Cardiac**

Please follow the instructions in all Sections (5A – 5G) giving details as required at Section 7.

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

**5A Coronary Artery Disease**

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

**YES**  **NO**

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

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

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Myocardial Infarction?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>YES</b> , please give date(s)                     | <input type="text"/>     | <input type="text"/>     |
| 2. Coronary artery by-pass graft?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>YES</b> , please give date(s)                     | <input type="text"/>     | <input type="text"/>     |
| 3. Coronary Angioplasty (with or without stent)?        | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>YES</b> , please give date(s)                     | <input type="text"/>     | <input type="text"/>     |
| 4. Has the applicant suffered from Angina?              | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>YES</b> , please give the date of the last attack | <input type="text"/>     | <input type="text"/>     |

Please proceed to next Section 5B

## 5B Cardiac Arrhythmia

	YES	NO
Is there a history of, or evidence of, cardiac arrhythmia?	<input type="checkbox"/>	<input type="checkbox"/>
If <b>NO</b> , proceed to <b>Section 5C</b>		
If <b>YES</b> please answer all questions below and give details at <b>Section 7</b> of the form.		
1. Has the applicant had a significant documented disturbance of cardiac rhythm within the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the arrhythmia been controlled satisfactorily for at least 3 months?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has a cardiac defibrillator device been implanted?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has a pacemaker been implanted?	<input type="checkbox"/>	<input type="checkbox"/>
If <b>YES</b> :-		
(a) Has the pacemaker been implanted for at least 6 week?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Since implantation, is the patient now symptom free from this condition?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Does the applicant attend a pacemaker clinic regularly?	<input type="checkbox"/>	<input type="checkbox"/>
Please proceed to next <b>Section 5C</b>		

## 5C Peripheral Arterial Disease

	YES	NO
1. Is there a history or evidence of ANY of the following:	<input type="checkbox"/>	<input type="checkbox"/>
If <b>YES</b> please <b>tick</b> ✓ ALL relevant boxes below, and give details at <b>Section 7</b> of the form.		
<b>PERIPHERAL ARTERIAL DISEASE</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>AORTIC ANEURYSM, IF YES:</b>		
(a) Site of Aneurysm: Thoracic <input type="checkbox"/> Abdominal <input type="checkbox"/>		
(b) Has it been repaired successfully?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Is the transverse diameter more than 5cms?	<input type="checkbox"/>	<input type="checkbox"/>
<b>DISSECTION OF THE AORTA, IF YES:</b>		
(a) Has it been repaired successfully?	<input type="checkbox"/>	<input type="checkbox"/>
Please proceed to next <b>Section 5D</b>		

## 5D Valvular/Congenital Heart Disease

	YES	NO
Is there a history of, or evidence, of valvular/congenital heart disease?	<input type="checkbox"/>	<input type="checkbox"/>
If <b>NO</b> , proceed to <b>Section 5E</b>		
If <b>YES</b> please answer all questions below and give details at <b>Section 7</b> of the form.		
1. Is there a history of congenital heart disorder?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a history of heart valve disease?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there any history of embolism? ( <b>not</b> pulmonary embolism)	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the applicant currently have significant symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has there been any progression since the last licence application? (if relevant)	<input type="checkbox"/>	<input type="checkbox"/>
Please proceed to next <b>Section 5E</b>		

## 5E Cardiomyopathy

	YES	NO
Does the applicant have a history of ANY of the following conditions:	<input type="checkbox"/>	<input type="checkbox"/>
(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.

## 5F Cardiac Investigations

	YES	NO
<b>This section must be completed for all applicants.</b>		
1. Has a resting ECG been undertaken?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, does it show:-		
(a) pathological Q waves?	<input type="checkbox"/>	<input type="checkbox"/>
(b) left bundle branch block?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has an exercise ECG been undertaken (or planned)?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please give date and give details in Section 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<i>Sight/copy of the exercise test result/report (if done in the last 3 years) would be useful</i>		
3. Has an echocardiogram been undertaken (or planned)?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please give date <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> and give details in Section 7		
<i>Sight/copy of the echocardiogram result/report would be useful</i>		
4. Has a coronary angiogram been undertaken (or planned)?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please give date <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> and give details in Section 7		
<i>Sight/copy of the angiogram result/report would be useful</i>		
5. Has a 24 hour ECG tape been undertaken (or planned)?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please give date <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> and give details in Section 7		
<i>Sight/copy of the 24 hour tape result/report would be useful</i>		
6. Has a myocardial perfusion imaging scan been undertaken (or planned)?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please give date <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> and give details in Section 7		
<i>Sight/copy of the scan result/report would be useful</i>		

Please proceed to Section 5G

## 5G Blood Pressure

	YES	NO
<b>This section must be completed for all applicants</b>		
1. Is today's resting systolic pressure 180mm Hg or greater?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is today's resting diastolic pressure 100mm Hg or greater?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the applicant on anti-hypertensive treatment?	<input type="checkbox"/>	<input type="checkbox"/>

If YES, to any of the above, please supply today's reading

## 6 General

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

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Is there <b>currently</b> a disability of the spine or limbs, likely to impair control of the vehicle? <input style="float: right;" type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there a history of bronchogenic carcinoma or other malignant tumour, for example, malignant melanoma, with a significant liability to metastasise cerebrally? | <input type="checkbox"/> | <input type="checkbox"/> |

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


- |   |                          |                          |
|---|--------------------------|--------------------------|
| 3. Is the applicant profoundly deaf?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>YES</b> ,   |                          |                          |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there a history of either renal or hepatic failure?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the applicant have sleep apnoea syndrome?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>YES</b> , has it been controlled successfully?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is there any other <b>Medical Condition</b> , causing excessive daytime sleepiness?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 6a. If <b>YES</b> , please give full details below.   |                          |                          |


- |  |                          |                          |
|--|--------------------------|--------------------------|
| 7. Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does any medication currently taken cause the applicant side effects which impair his/her safe driving? | <input type="checkbox"/> | <input type="checkbox"/> |

**7 Please forward copies of all relevant hospital notes if available**

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**8 Applicant's consent and declaration**

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**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, Warwick District Council 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.

**Consent and Declaration**

**I authorise my Doctor(s) and Specialist(s) to release reports to the Warwick District Council medical adviser about my condition.**

**I authorise Warwick District Council 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 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 the enclosed questionnaire and that to the best of my knowledge and belief, they are correct.**

**Signature**

**Date**

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## Applicant's Details

### 9 Your details

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Your full name	Date of Birth	<input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/>
Your address	Home telephone number	<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
	Work/Daytime number	
E-mail address		

#### About your GP/Group Practice

GP/Group name
Address
Telephone
E-mail address

### **Medical Practitioner Details**

To be completed by Doctor carrying out the examination

### 10 Doctor's details

---

Name	<b>Surgery Stamp</b>
Address	
E-mail address	

Signature of Medical Practitioner

Date

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**DP20** CNL-WARWIC



MANDATE FOR THE RELEASE OF INFORMATION IN ACCORDANCE WITH THE PROVISIONS OF THE DATA PROTECTION ACT 1998

## Personnel Details

Areas marked with \* are mandatory.

Company Name\*

Warwick District Council

Your Employee ID\*

Dept/Region\*

## Driver Details

Title:\*

(Mr, Ms, Mrs, Miss, Dr, Prof. etc.)

Surname:\*

First Name:\*

Middle Initials:\*

Other Names Known By:

For example SMITH 725083 J99XL if issued by the DVLA.

Driver/Licence Number:\*

Issuer/Country:\*

Date of Birth:\*

D D / M M / Y Y Y Y

Date Entered UK (overseas licences only)\*

D D / M M / Y Y Y Y

If your licence is issued by another country, please send a good quality copy of all parts of your driving licence. Please write the company name on the copy.

## Current Address

Address:\*

Post Town:\*

Post Code:\*

## Address on Licence (if different)

Address:\*

Post Town:\*

Post Code:\*

I hereby consent to Intelligent Data Systems (UK) Limited and DriveTech (UK) Limited obtaining from the Driver and Vehicle Licensing Agency (DVLA) (within the meaning of the Road Traffic Act 1988), any licence information which they hold relating to myself, including entitlement to drive and any information about disqualifications and unexpired offences and endorsements, (excluding medical information).

I hereby consent to the issuing authority providing such information on request to Intelligent Data Systems (UK) Limited and DriveTech (UK) Limited. I consent to the information being held by Intelligent Data Systems (UK) Limited, Drivetech (UK) Limited and the company named above, who will use the information only for the purpose for which it is intended.

This authority will expire whenever I cease to drive in connection with the company (for example, for work, in a company car, or on the company insurance, or any other connection), or 3 years from the date of the signature whichever is the sooner.

Driver's Signature\*

Date of Signature\*

D D / M M / Y Y Y Y  
 /  / 2 0 . .

Electronic signature cannot be accepted



ISO/IEC 27001:2005  
 IS 580380

**Return Instructions:** Please complete the document, remembering to sign and date it. Then return to Licensing Dept: Warwick District Council



BSI  
 UKAS  
 ISO/IEC 27001:2005  
 IS 580380