

SOLIHULL METROPOLITAN BOROUGH COUNCIL  
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**Solihull**  
METROPOLITAN  
BOROUGH COUNCIL

# Application for an exemption from carrying assistance dogs or carrying wheelchairs on medical grounds

Hackney Carriage/Private Hire Driver's Licence number .....

**PLEASE ENSURE ALL PARTS OF THE FORM ARE COMPLETED OR MARKED 'NOT APPLICABLE' (N/A)**

**Part A – For completion by the applicant, and then passed to the medical practitioner to complete part B**

1) Name (Please include all names including all middle names) & Date of Birth	Forename(s)
	Surname
	Date of Birth

2) Address (including postcode)	
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3) Contact Details  You <b>MUST</b> provide a mobile telephone number <b>AND</b> an email address	Mobile Telephone No.
	Email address

4) Are you applying for an exemption from: Carrying assistance dogs <input type="checkbox"/> Carrying wheelchairs <input type="checkbox"/>
5) Are you applying for a permanent or temporary exemption? Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>

## DECLARATION

I declare that the above answers are true and understand that if there are any wilful omissions or false statements, my application may be refused or if a licence has been granted, it may be suspended or revoked. I further understand that a false statement may result in a prosecution under the Local Government (Miscellaneous Provisions) Act 1976 or the Fraud Act 2006. I agree that all appropriate information received and recorded against me from the Medical Examiner or any other agency/authority may be disclosed to and considered by the appropriate committee or authorised officers in order to assess my application.

Signature ..... Date .....



### Data Protection/ Privacy Notice

The information that you have provided on this form will be used by the Council to determine your eligibility for a Private Hire/Hackney Carriage Driver's Licence. The Council may also contact other Local Authorities and agencies in order to clarify and share information that you have provided and/or obtain additional information that will assist it in determining your eligibility for a Private Hire/Hackney Carriage Driver's Licence. If you would like further information on how the Council will use your information, please contact 0121 704 6000.

Your information may also be shared with other council services and partner organisations to ensure our records are kept accurate and to help us to identify services or benefits you may be entitled to or interested in. We may also need to share your information for the prevention and detection of fraud and/or other crimes or as the law requires. For further information about how we use your information please refer to the Council's Privacy Statement on [www.solihull.gov.uk](http://www.solihull.gov.uk) or contact [licensing@solihull.gov.uk](mailto:licensing@solihull.gov.uk)

## Part B – For completion by the medical practitioner who has full access to the applicant's medical history

<b>1) Medical Practitioner Name and surgery details</b>	<b>Name</b>
	<b>Surgery</b>

<b>2) Surgery Address (including postcode)</b>  <b>Please provide official practice stamp</b>	
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### Background:

Solihull Council is committed to an accessible public transport system in which disabled people have the same opportunities to travel as other members of society. Hackney Carriages and Private Hire Vehicles are a vital link in the accessible transport chain and it is important that people who use wheelchairs or assistance dogs can have confidence that the Hackney Carriage or Private Hire Vehicle they hire will accept them and their wheelchair or assistance dog and carry them at no extra charge.

To enable drivers to continue to drive licensed vehicles, even if they have certain medical conditions which prevent them from providing mobility assistance to others or have severe allergies to dogs, the law includes provisions for drivers to be exempted from these duties on medical grounds.

The Licensing Authority is responsible for issuing Certificates of Exemption and needs to be satisfied that it is appropriate to do so on medical grounds.

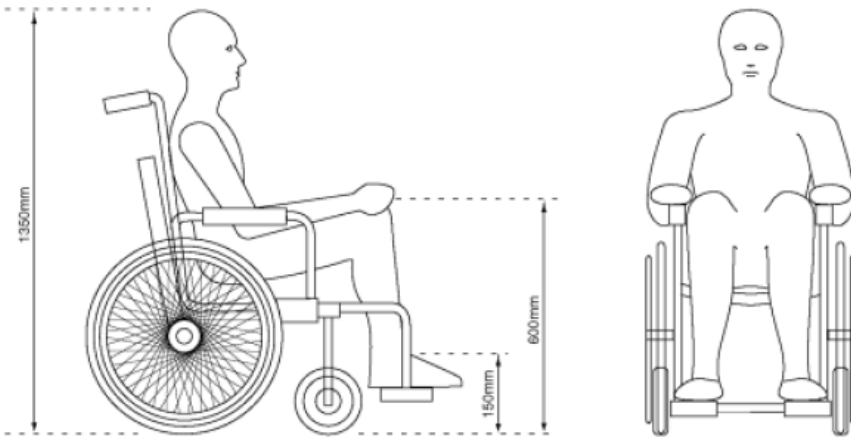
**3) In your opinion, does this person have a medical condition or disability that would make it difficult for them to provide physical assistance to passengers in wheelchairs?**

The types of assistance that may be required are:

If the passenger wishes to remain in the wheelchair, the driver must help the passenger to get in and out of the vehicle and secure the wheelchair in accordance to the vehicle specification.

If the passenger wants to transfer to a seat, the driver must help him or her to get out of the wheelchair and into a seat and back into the wheelchair; the driver must also load the wheelchair into the vehicle together with any luggage.

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.



Yes  No  If 'Yes', please give details of the condition/ disability and detail what duties cannot be undertaken and for how long they cannot be undertaken. Please attach any relevant medical reports.

**4) Is this a permanent or temporary condition?**

Permanent  Temporary

If temporary, please indicate how long you believe an exemption should be for:.....

**5) In your opinion, does this person have a medical condition or disability that would make it difficult for them to carry assistance dogs in their vehicle?**

**Yes  No  If 'Yes', please give details of the condition/disability and detail what duties cannot be undertaken and for how long they cannot be undertaken. Please attach any relevant medical reports.**

**6) Is this a permanent or temporary condition?**

**Permanent  Temporary**

**If temporary, please indicate how long you believe an exemption should be for:.....**

**Signature:..... Date:.....**