

Enquiries to : Yvonne Willcock
Telephone : 0151 233 3015

Mr

Dear Sir/Madam

RE: TAXICAB/PRIVATE HIRE DRIVER APPLICATION

I acknowledge receipt of your application and criminal records bureau disclosure. This will be processed by the Criminal Records Bureau.

Although every effort is made to ensure your application is processed as smoothly and efficiently as possible, in some cases disclosures can take up to nine weeks to be completed and returned.

Please read carefully below instructions on how to help process your application.

1. Please arrange by appointment on **233 3015** to take your street knowledge test. Guidance notes and street knowledge questions should have been given to you at your initial appointment. If you have not received a copy or have mislaid them, please let me know immediately to arrange a replacement to be sent to you.
2. Once you have passed your street knowledge test, you require a medical examination. This is to be carried out by any Medical General Practitioner. I have enclosed a medical examination form, which you should take to your appointment.
3. It is essential that when the medical examination is completed, the form should be validated by the G.P. and returned to me at the address below without delay. Failure to do so may result in your application being delayed. **DO NOT HAND IN THE MEDICAL AT THE ONE STOP SHOP.**
4. Upon receipt of a satisfactory medical and criminal record disclosure, a letter will be sent to you requesting you to make an appointment for the grant of your taxicab/private hire driver's licence.

Please note, a licence cannot be granted unless a satisfactory criminal records disclosure and medical examination form has been returned to this office.

Yours faithfully

**Yvonne Willcock
Licensing Officer**

PLEASE GIVE THIS LETTER AND THE MEDICAL EXAMINATION FORM TO YOUR DOCTOR

NOTE TO MEDICAL PRACTITIONERS

THE ATTACHED MEDICAL ASSESSMENT IS SET OUT TO ESTABLISH THAT THE APPLICANT IS FIT TO CARRY OUT THE DUTIES ASSOCIATED WITH A TAXICAB OR PRIVATE HIRE DRIVER.

TAXICAB AND PRIVATE HIRE DRIVERS ARE PROFESSIONAL DRIVERS WHO WILL BE EXPECTED TO SATISFY THE GROUP TWO STANDARD OF FITNESS AS DEFINED BY THE DRIVERS MEDICAL UNIT OF THE DVLA SWANSEA.

ONCE THE ASSESSMENT HAS BEEN COMPLETED, PLEASE VALIDATE WHERE INDICATED AND RETURN TO APPLICANT .

LIVERPOOL CITY COUNCIL
MEDICAL DECLARATION IN RESPECT OF A NEW APPLICATION
FOR A TAXICAB OR PRIVATE HIRE DRIVERS LICENCE.

APPLICANT DETAILS:-

Date of Birth _____

Mr/Mrs/Ms _____

Address _____

		Medical Officer's Opinion
1	Is the applicant subject to epilepsy, vertigo or any mental ailment likely to affect their efficiency?	
2	Does the applicant suffer from any heart or lung disorder which might interfere with the efficient performance of their duties as a taxicab or private hire driver?	
3	Are the applicant's blood pressure readings both Systolic and Diastolic- normal having regard to the applicant's age? If not, do you consider that the abnormal blood pressure would be likely to affect the applicant's competence as a taxicab or private hire vehicle driver?	
4	Is there any defect of hearing? If so do you consider that it would interfere with the efficient performance of the duties of a taxicab or private hire driver?	
5	Is the applicant suffering from any other medical condition i.e. Diabetes?	
6	Is the applicant taking any medication or undergoing drug treatment?	
7	Has the applicant any deformity or loss of members? If so would it interfere with the efficient performance of the duties of a taxicab or private hire driver?(Special attention is directed to the condition of arms, hands, legs and feet and particularly to the joints of the upper and lower extremities).	

Cont Over.....

8	<p>(a) Acuity of vision by Sneilens test type. The standard of acuity of vision is considered unsatisfactory if it is below 6/12 with one eye. Glasses must be worn.</p> <p>(b) Were the readings taken when the applicant wore spectacles?</p> <p>(c) Peripheral vision?</p> <p>(d) Is the applicant's field of vision by hand test satisfactory</p> <p>(e) Does the applicant suffer from any other defect of vision which would affect their fitness to act as a taxicab or private hire driver?</p> <p>(f) Do you consider the applicant should wear spectacles when driving?</p>	<p>(a) R.E. _____ L.E. _____ without glasses</p> <p>R.E. _____ L.E. _____ With glasses (If applicable)</p> <p>(b)</p> <p>(c)</p> <p>(d)</p> <p>(e)</p> <p>(f)</p>
9	Is the applicant sufficiently active for the performance of taxicab and private hire duties?	
10	Does the applicant show any evidence of being addicted to the excessive use of tobacco, alcohol or drugs?	
11	Is there any abnormality present which is not included in the above questions?	
12	<p>Is the applicant generally fit with regard to:</p> <p>(a) Bodily health: and</p> <p>(b) Temperament</p> <p>To carry out the duties of a taxicab or private hire driver?</p>	<p>(a) Yes/ No</p> <p>(b) Yes/No</p> <p>(delete as necessary)</p>
13	Are you or have ever been registered as disabled?	

I _____ certify that I have today examined the applicant, Mr/Mrs/Ms _____

They are FIT/UNFIT to carry out the duties of a licensed driver.
SIGNED. _____ **Medical Practitioner.**

DATE:

OFFICIAL PRACTICE STAMP TO BE PLACED HERE

Please note form is invalid without Doctors signature