cid:image001.jpg@01D8598D.B0353F10

|  |
| --- |
| Taxi Licensing Team, Waterfall Lane, Cradley Heath B64 6RL  Website [www.sandwell.gov.uk](http://www.sandwell.gov.uk) Email: [taxi\_licensing@sandwell.gov.uk](mailto:taxi_licensing@sandwell.gov.uk) |

**Equality Act 2010**

**Application for EXEMPTION from carrying Assistance Dogs in a Hackney Carriage or Private Hire Vehicle**

**Part 1 - To be completed by the applicant.**

|  |  |
| --- | --- |
| Family / Surname |  |
| First Names |  |
| Date of Birth |  |
| Contact Tel. Nos. |  |
| Email |  |
| PHD/DLH/HCD Badge Number |  |
| Current Residential Address | Postcode: |

**Part 2 - To be completed by a Medical Practitioner.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Medical Practitioner |  | | | |
| Address of registered surgery | Postcode: | | | |
| Contact Tel. Nos. |  | | | |
| Email |  | | | |
| I confirm the patient is registered at the medical practice detailed above and that I have had access to their  medical records when completing this medical | Yes |  | No |  |
|  | | | |
| Information on any condition, diagnosis or ongoing investigation | (you must attach copies of all relevant medical reports or evidence to support the request for exemption such as clinical history, ongoing investigations, or formal diagnosis) | | | |
| Please confirm if, in your medical opinion, an exemption from carrying assistance dogs should be granted. | Yes |  | No |  |
|  | | | |
| Please confirm if, in your medical opinion, any exemption should be time-limited, and for what period. |  | | | |

**Doctor and Practice Details**

|  |  |  |
| --- | --- | --- |
| **Printed Name of Medical Practitioner** |  | **Surgery Stamp** |
| **GMC Registered Number** |
| **Signature of Medical Practitioner** |
| **Date** |

**Part 3 - To be completed by the applicant.**

I authorise my Doctor(s) and Specialist(s) to release report/medical information about my condition, relevant to my fitness to drive, to Sandwell Metropolitan Borough Council in conjunction with my application for exemption and during the period that a licence (if granted) is in force.

I authorise Sandwell Metropolitan Borough Council to disclose such relevant information as may be necessary to the investigation of my application for exemption, and during the period that a licence (if granted) is in force to doctors, paramedical staff, and to inform my doctor(s) of the outcome of the case where appropriate.

I understand that Sandwell Metropolitan Borough Council may require me to undergo further medical tests at my expense now or at any point in the future, if a licence is granted, in order to establish my need for exemption.

I understand that an application for an exemption to carry assistance dogs in my Hackney Carriage or Private Hire Vehicle can only be considered if the medical condition affects the licence holder and their licensed vehicle only, as it is considered the licence holder’s place of work. Medical conditions affecting family members or other individuals who are not licensed to drive the vehicle, but who may frequently occupy the vehicle cannot be considered.

I declare that I have checked the details I have given on this application and that, to the best of my knowledge and belief, they are correct.

**Signed**................................................ **Print Name**…………………………………………….

**Date**...............................................................