Application for Medical Exemption

**Equality Act 2010**

##### This form has been devised to assist Taxi and Private Hire Car Drivers who wish to seek a medical exemption from the requirement to carry a wheelchair in a designated vehicle or an assistance dog.

##### Duty to carry assistance dogs

Under Section 168 the Equality Act 2010, licensed drivers of taxis and private hire vehicles are under a duty to carry passengers with guide, hearing and other assistance dogs without additional charge. When carrying such passengers, drivers have a duty to:

* Convey the disabled passenger’s dog and allow it to remain under the physical control of the owner; and
* Not to make any additional charge for doing so.

**Duty to assist passengers in wheelchairs**

Under Section 165 of the Equality Act 2010, licensed drivers of designated Wheelchair Accessible Vehicles (WAV) must:

* Carry the passenger while in the wheelchair;
* Not to make any additional charge for doing so;
* If the passenger chooses to sit in a passenger seat to carry the wheelchair;
* To take such steps as are necessary to ensure that the passenger is carried in safety and reasonable comfort; and
* To give the passenger such mobility assistance as is reasonably required.

Designated vehicles are those listed by the Licensing Authority under section 167 of the Equality Act 2010 as being a ‘Wheelchair Accessible Vehicle’. A list of such vehicles is published on the Council website.

**Medical Exemption**

The Act (s166) enables licensed drivers to apply to be exempt from the duty to assist passengers in wheelchairs if the Council is satisfied that it is appropriate to do so on:

* Medical grounds; or
* The driver’s physical condition makes it impossible or unreasonably difficult for them to comply with the duties.

The Act (s169 & s171) enables licensed drivers to apply to be exempt from the duty to carry assistance dogs if the Council is satisfied that it is appropriate to do so on medical grounds.

**Penalty for breach of duty**

A driver who breaches either of the duties outlined above will be liable on summary conviction for each offence to pay a fine not exceeding level 3 on the standard scale. The current maximum level of the fine is £1,000.

**Application Process**

Please complete Section A. Section B (Page 3) will need to be completed by your own Doctor or a Doctor from the same medical practice who has access to your medical history notes. Any costs will need to be borne by the driver.

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| **SECTION A** (To be completed by the Driver) |

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| --- | --- |
| Driver’s Name | Driver’s Badge No |
| Driver’s Contact Number | Driver’s Email Address |

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| *I wish to apply to Falkirk Council for an exemption from the requirement to:*  Assist passengers in wheelchairs  Carry assistance dogs |

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| Is a temporary or permanent exemption being sort? |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print name of driver) authorise my Doctor(s) and Specialist(s) to release reports to Falkirk Council and/or their Medical Advisor about my medical condition.

Signature of Driver \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Driver \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Further information for the driver**

The Council may contact your GP in order to discuss the matter further.

The Council reserves the right to refer the driver to the Council’s own medical or occupational health practitioner if a further assessment is felt necessary. Any additional costs will be borne by the driver.

The application for an exemption will be referred to the Civic Licensing Committee to determine. If refused then there is a right of appeal to the Sheriff Court within 28 days of the date of the refusal notice.

If the exemption is granted then you will be issued with an Exemption Certificate and Notice of Exemption. The Notice of Exemption must be exhibited in the vehicle by fixing it, facing outwards, either on the windscreen or in a prominent position on the dashboard.

If the exemption is time limited then the Exemption Certificate and Notice of Exemption must be returned to the Licensing Section within 7 days after the expiry date.

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| **SECTION B** (To be completed by the Driver’s own Doctor or a Doctor from the same medical practice who has access to your medical history notes) |

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| --- | --- |
| Doctor’s Name | Name of Medical Surgery |
| Doctor’s Contact Number | Doctor’s Email Address |

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| Please provide details regarding the grounds on which the exemption is being sort (i.e. allergy to dogs, musculoskeletal problems etc). |
| What duties cannot be undertaken? |
| When did the medical issues first present itself? |
| Are there any modifications that the driver can make to the vehicle or the way they provide service that could negate the need for an exemption? |
| Please confirm whether a temporary or permanent exemption is being sort? |
| If a temporary exemption is being sort please state when it is anticipated that the driver will be able to return to normal duties? |
| Are there any medical reports being submitted in support of this request? |
| Please provide details of any specialist that is dealing with this particular medical matter |

Name of Doctor:

Date:

|  |
| --- |
| Endorsing Stamp of Practice. |

Please send this completed form and any enclosures to:

**Licensing Team**

**The Foundry**

**4 Central Boulevard**

**Central Park**

**Larbert**

**FK5 4RU**