

# DISABLED PASSENGER MOBILITY ASSISTANCE EXEMPTION APPLICATION FORM

## Applicant Details

Title	<input type="text"/>	Licence Number	<input type="text" value="TD"/>
Surname	<input type="text"/>		
Forename(s)	<input type="text"/>		
Home Address	<input type="text"/>		
Postcode	<input type="text"/>	Tel No	<input type="text"/>

## Reason for Exemption

The Equality Act 2010 places duties on both licensed Hackney Carriage and Private Hire Vehicle Drivers to provide mobility assistance to disabled people, and to do so without any additional charge.

“Mobility assistance” is defined as:

- to enable the passenger to get into or out of the vehicle;
- if the passenger wishes to remain in the wheelchair, to enable the passenger to get into and out of the vehicle while in the wheelchair;
- to load the passenger’s luggage, wheelchair or mobility aids into or out of the vehicle, including if the passenger does not wish to remain in the wheelchair in a designated wheelchair-accessible vehicle.

However, to enable drivers with certain medical conditions to continue to drive Hackney Carriage and Private Hire Vehicles, the Act includes provisions for drivers to be exempted from these requirements on medical grounds or where providing such assistance would be impossible or unreasonably difficult.

The Licensing Authority is responsible for issuing exemption certificates and needs to be satisfied that it is appropriate to do so.

## Nature of Medical Condition

Most drivers with a medical condition severe enough to warrant an exemption are likely to be under a specialist (consultant) medical practitioner. It is therefore suggested that evidence be sought from a specialist as to the severity of the condition, and complete Page 2 of this application form.

**The driver’s General Practitioner should only be approached as a last resort.**

Please provide details of the medical condition you have:

  
  
  
  

## Declaration

I declare that all the information provided on this form is true to the best of my knowledge. I understand that the grant of an exemption from the legal requirement to provide disabled passengers mobility assistance in licensed Hackney Carriage or Private Hire Vehicle can be refused if any statements are subsequently found to be false. I undertake to keep the Council informed of any changes to any details provided on this form. I understand that a failure to do so will constitute a breach of the conditions under which exemption may be granted and, as such, may lead to the withdrawal of exemption, if granted.

Applicant Signature	<input type="text"/>	Date	<input type="text"/>
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**Section 2 - Medical Evidence (For completion by a specialist Medical Practitioner)**

In your opinion, does the person named above have a medical condition that affects their ability to provide mobility assistance as described on page 1 of this form?

Yes

No

If **yes**, please provide details in the spaces provided and attach any relevant medical reports:

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In your opinion, is this person's medical condition so severe that it would be impossible or unreasonably difficult to provide mobility assistance, and he/she should be exempt from providing mobility assistance to disabled passengers in their Hackney Carriage or Private Hire Vehicle?

Yes

No

Please state the appropriate time for which this person should remain exempt; or indicate if the exemption should remain permanently given the severity of the condition and evidence provided.

Duration

Permanent

**Details of Medical Practitioner**

Name

Signature

Date

Practice/Surgery/Hospital stamp