

# APPENDIX FOUR



## SELF-CERTIFICATION MEDICAL REPORT (RENEWAL APPLICATIONS ONLY)

### HACKNEY CARRIAGE & PRIVATE HIRE (DUAL) DRIVER LICENCE

Unless you have been requested to undertake a **Group II Standard Medical Examination** on renewal of your Hackney Carriage & Private Hire (Dual) Driver Licence, you are required to complete and submit this Self-Certification Medical Report.

The Licensing Authority reserves the right to request a further **Group II Standard Medical Examination** be carried out, where it is deemed appropriate (i.e. where there are health issues that require frequent monitoring, or where an existing health issue may give rise to concerns over the safety of the driver, his / her passengers, and / or other road users / members of the public).

This **Self-Certification Medical Report** must be provided to the Licensing Authority when submitting your application to renew your Hackney Carriage & Private Hire (Dual) Driver Licence by way of a pre-booked appointment with a Licensing Officer.

#### APPLICANTS DETAILS

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

CONTACT TEL. NO.: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HC & PH (DUAL) DRIVER LICENCE NO. (BADGE): \_\_\_\_\_

**HAVE THERE BEEN ANY CHANGES TO YOUR HEALTH / MEDICATION SINCE YOU LAST SUBMITTED A GROUP II STANDARD MEDICAL CERTIFICATE TO THE COUNCIL?**

YES                      NO                      (tick the appropriate box)

**IF YOU HAVE ANSWERED "YES", PLEASE GIVE DETAILS BELOW:**

*PLEASE NOTE: IT IS AN OFFENCE TO FAIL TO DECLARE SUCH MATTERS*

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**PLEASE PROVIDE THE DETAILS OF THE DOCTOR AND THE SURGERY WHERE THEY PRACTICE (THIS SHOULD BE THE DOCTOR WITH WHOM YOU ARE REGISTERED WITH).**

**DOCTOR'S NAME:** \_\_\_\_\_

**SURGERY ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**POSTCODE:** \_\_\_\_\_

**SURGERY TEL. NO.:** \_\_\_\_\_

**PLEASE PROVIDE DETAILS OF ALL MEDICATIONS YOU ARE CURRENTLY TAKING, AND THE HEALTH REASONS AS TO WHY SUCH MEDICATIONS ARE BEING TAKEN:**

NAME OF MEDICATION	HEALTH REASON FOR TAKING MEDICATION

PLEASE CONTINUE ON A SEPARATE SHEET SHOULD YOU HAVE NEED TO DO SO

**Declaration**

I, the undersigned, hereby declare that the information contained in this report is true and accurate to the best of my knowledge.

I understand that if I knowingly or recklessly make a false statement or omit any material particularly in giving information as part of this report I shall be committing an offence and will be liable for prosecution.

I give my consent to the Licensing Authority to undertake checks of my records by way of my G.P. / Doctor in order to promote the objective of upholding public safety.

I confirm I have read the General Data Protection Regulation 2016 (GDPR) / Data Protection Act 2018 (DPA) - Privacy Notice and the Disclosure & Barring Services Privacy Notice above.

**Signature (Applicant):** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**General Data Protection Regulation 2016 (GDPR) / Data Protection Act 2018  
(DPA) - Privacy Notice.**

Under the GDPR and DPA, Ashfield District Council, Urban Road, Kirkby in Ashfield, Nottingham. NG17 8DA is a Data Controller for the information it holds about you. The Council will hold the information above provided by you for assessing your application. The lawful basis under which the Council uses personal data for this purpose is Public Task.

The information provided by you includes the following special categories of personal data:

- **Physical or Mental Health**
- **Genetic / Biometric data**
- **Criminal History (including motoring offences)**

Information in these categories is used by the Council on the basis that such use is necessary for reasons of substantial public interest, and in accordance with the provisions of the Data Protection Act 2018.

Your data will be held for a period of 6 years. Subject to some legal exceptions, you have the right to request a copy of the personal information the Council holds about you; to have any inaccuracies corrected; to have your personal data erased; to place a restriction on our processing of your data; to object to processing; and to request your data to be ported (data portability). The information provided by you may also be used for other functions carried out by the Council in accordance with GDPR and DPA. For more information about how the Council may use your data and to learn more about your rights please see the Council's Privacy Statement: **[www.ashfield.gov.uk/privacy](http://www.ashfield.gov.uk/privacy)**

If you have any concerns or questions about how your personal data is processed, please contact the Council's Data Protection Officer at the address at the bottom of this form or by email to **[dpo@ashfield.gov.uk](mailto:dpo@ashfield.gov.uk)**. If you are dissatisfied with the Council's response you can complain to the Information Commissioner's Office in writing to: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF or by telephone 0303 123 1113 (local rate) or 01625 545 745.

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