

Medical Exemption Certificate Application Form

Section 1: Driver Details	
Full Name	
Address (inc. postcode)	
Date of Birth	
Telephone Number	
Email Address	
Driver Badge Number	

Section 2: Exemption Certificate Request
<p>I am requesting that Telford & Wrekin Council consider granting me an exemption certificate to exempt me from the following:</p> <p>Carrying Wheelchair Users <input type="checkbox"/></p> <p>Carrying Assistance Dogs <input type="checkbox"/></p>

Section 3: GP Details

Name of GP:

Practice Name and Address:

Practice Telephone Number:

Section 4: Brief Detail of reasons or circumstances why the request for a medical exemption certificate is being made.

I have read and understood Telford & Wrekin Council's Medical Exemption Certificate Procedure and I understand the application process of applying for a an Exemption Certificate.

1. I enclose a valid GP certificate to accompany my application.
2. I understand that if, after consideration, my application for an exemption certificate is granted I will be issued with a Temporary Exemption Certificate for a maximum period of up to 3 months.
3. I confirm that upon expiry of the Temporary Exemption Certificate I will return the Certificate

to the Licensing Service, Public Protection, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT within 7 days of expiry. I understand that if the Temporary Exemption Certificate is not returned, my Dual Driver Licence could be suspended until such time as the Certificate is returned or a further doctor's note is received.

4. I acknowledge that if I expect that the Temporary Exemption notice is to be extended, I will be referred on to one of the medical practitioners approved by the Council and I will be required to obtain an in depth medical report from my own GP to support the Statement of Fitness regarding my capability to undertake the duties in terms of my medical fitness and/or my physical condition.

5. I understand that the purpose of the consultation with the approved medical practitioner will be to determine whether a further exemption certificate should be granted, and for how long.

6. I understand that if during any part of the process, any doctor's note or statement of fitness recommends the application for an exemption certificate is refused or if it is ambiguous in any way, the matter will be referred to the Council's Principal Licensing Officer for consideration.

7. I understand that all fees associated with this application are to be paid by myself.

What we will do with your Personal Information

Telford & Wrekin Council's Licensing Service is collecting your personal information for the purpose of meeting the statutory requirements of determining whether you are fit and proper to hold a licence under the Local Government (Miscellaneous Provisions) Act 1976 and the requirements of the Equality Act 2010.

Telford & Wrekin Council will not share any of your personal data collected with external organisations unless required to do so by law when your data may be shared with other regulating bodies. However, there may be occasions where we request further information from key third party organisations such as other regulating bodies and Doctors.

Signed (applicant): _____ Date: _____
Print Name: _____