

Medical Exemption Certificate Application Form

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.

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

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

Section 3: GP Details

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|---------------------------------|--|
| Name of GP | |
| Name of Medical Practice | |
| Address (inc. postcode) | |
| Telephone Number | |
| Email Address | |

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

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1. I have read and understood Telford & Wrekin Council's Medical Exemption Certificate Procedure and I understand the application process of applying for an Exemption Certificate.
2. I enclose a valid GP certificate to accompany my application.
4. I understand that there is an administration fee of £35 that will need to be paid at the time of submission of my application via bank card.
5. 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.
6. 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.
7. 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.

8. 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.
9. 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.
10. I understand that all fees associated with this application are to be paid by myself.

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

OFFICE USE ONLY

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|--|--|
| Date Application Received: | |
| Exemption Certificate Issued | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Application for Exemption Certificate Refused | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If the application for an exemption certificate is refused, please give full reasons below or note any further action to be taken: | |
| Signed | |
| Print Signature | |
| Date | |
| Date Temporary Exemption Certificate issued: | |
| Issued by: | |
| Date of Expiry: | |
| Date Returned: | |
| Received by: | |