

1. DRIVER DETAILS	
FULL NAME OF DRIVER:	
ADDRESS:	
CONTACT TELEPHONE NUMBER:	
DATE OF BIRTH:	
DRIVER LICENCE NUMBER:	
EXPIRY DATE:	
LICENSING AUTHORITY	Conwy County Borough Council

2. EXEMPTION REQUEST	
I AM REQUESTING THAT THE LICENSING AUTHORITY CONSIDER GRANTING ME AN EXEMPTION FROM THE FOLLOWING:	
CARRYING WHEELCHAIR USERS	<input type="checkbox"/>
CARRYING ASSISTANCE DOGS	<input type="checkbox"/>

3. DOCTOR DETAILS	
NAME OF GP:	
ADDRESS:	
CONTACT TELEPHONE NUMBER:	

4. BRIEF DETAIL OF REASONS/ CIRCUMSTANCES WHY THE REQUEST FOR MEDICAL EXEMPTION IS BEING MADE

Declarations

I have read and understood Conwy County Borough Council Medical Exemption Terms and I understand the process in applying for a medical exemption.

1. I enclose a valid GP certificate to accompany my application.
2. I understand that if, after consideration, my application for exemption is granted I will be issued with a Temporary Exemption notice for a maximum period of up to three months.
3. I confirm that upon expiry of the Temporary Exemption Notice I will return the notice to the Licensing & Enforcement Team within 7 days. I understand that if the Temporary Exemption Notice is not returned, my driver licence could be suspended until such time as the Notice 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 for more than 3 months, I will be referred on to one of the medical practitioners approved by the Councils. 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 physical condition.
5. I understand that the purpose of consultation with the approved medical practitioner will be to determine whether a further exemption 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 that the application for exemption is refused or if it is ambiguous in any way, the matter will be referred to the Licensing Sub-Committee for consideration.
7. I understand that all fees associated with this application are to be paid by myself.

The information I have provided will be held by the Council on computerised and manual files (data may be made available on a public register as required by relevant legislation). This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud and to prevent/detect crime. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information see <http://www.conwy.gov.uk/en/Council/Access-to-Information/How-Conwy-County-Borough-Council-uses-your-Information.aspx>

Signed: _____

Dated: _____

FOR OFFICE USE ONLY	
DATE MEDICAL EXEMPTION APPLICATION RECEIVED:	
Section B	
EXEMPTION AGREED	<input type="checkbox"/>
EXEMPTION DECLINED	<input type="checkbox"/>
Section C	
If exemption declined, give reasons and details of any further action taken:	
Signed: _____ Dated: _____	
Section D	
Date Temporary Exemption Notice Issued:	
Date of Expiry:	
Entered on to Civica	<input type="checkbox"/> By: _____