



ST HELENS
BOROUGH COUNCIL

Medical Exemption Certificate Application Form

Section 1: Driver Details

Full Name:

Address (inc. postcode):

Telephone Number:

Date of Birth:

Driver Licence Number:

Expiry Date:

Section 2: Exemption Certificate Request

I am requesting that St. Helens Council consider granting me an exemption certificate to exempt me from the following:

Carrying Wheelchair Users

Carrying Assistance Dogs

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 St. Helens Council's Medical Exemption Certificate Procedure and I understand the application process of applying for an Exemption Certificate

1. I enclose a valid GP certificate to accompany my application.
2. 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.
3. 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.
4. I confirm that upon expiry of the Temporary Exemption Certificate I will return the Certificate to the Licensing Authority, Wesley House, Corporation Street, St. Helens, within 7 days of expiry. I understand that if the Temporary Exemption Certificate is not returned, my driver licence could be suspended until such time as the Certificate is returned or a further doctor's note is received.
5. 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.
6. 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.
7. 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 Licensing and Environmental Protection Committee for their consideration.
8. I understand that all fees associated with this application are to be paid by myself.

The personal information that you give us will also be used in a confidential manner to help us monitor our processes.

We may also use the information if there is a complaint or legal challenge to this process. We may also check the information collected.

We may also use or pass to certain third parties, information to prevent or detect crime, to protect public funds or other ways as permitted by law.

By signing this application for we will be assuming that you agree to the processing of sensitive personal data in accordance with our registration with the Data Protection Commissioner.

Signed (applicant): _____ Date: _____

Print Name: _____

OFFICE USE ONLY

Date Received (date stamp):

1. Exemption Certificate Issued

2. Application for Exemption Certificate Refused

If the application for an exemption certificate is refused, please give full reasons below or note any further action to be taken:

Signed:

Date:

Print Signature:

Date Temporary Exemption Certificate issued:

Issued by:

Date of Expiry:

Date Returned:

Received by:

Privacy Policy – St. Helens Council, Licensing and Land Charges Department.

Here at St. Helens Council we take your privacy seriously. We will only use your personal information to administer your application and provide the products and services you have requested from us.

From time to time we may need to contact you with details of the service or information we require from you and we will do this using the contact information you provided on your application form. This can either be by post, email, telephone or text message.

The Council has a duty to protect the public and we implement a number of security measures to maintain the safety of your personal information. Please be aware however that the information you provide on this application may be shared with other public bodies where required, such as Council Departments and Government Services, which may be used for the prevention of fraud or other serious offences.

If you require a copy of the data we hold or believe it to be inaccurate please contact the Council's Data Protection Officer by email on dataprotection@sthelens.gov.uk.

Any further information held by the Council about individuals will be held securely and in compliance with the law. Information will not be held for longer than required and will be disposed of securely. Further information regarding retention periods is available on the Council's website at <https://www.sthelens.gov.uk/Licensing>.