

Application for Exemption from the Requirement to provide Mobility Assistance

Orkney Islands Council

Civic Government (Scotland) Act 1982

Applicants **must** read the accompanying Vehicle Drivers Operators Equality Requirements Publication for essential information before completing this form. Answer **all** questions, continuing on a separate sheet if necessary. Incomplete applications cannot be accepted for processing.

1. Personal Details			
1.1. Full name (Block capitals).	Surname.	Forename(s).	
1.2. Home address.			
1.3. Telephone number.			
1.4. Mobile telephone number.			
1.5. Email address.			
1.6. Age, date and place of birth.	Age.	Date of Birth.	Place of Birth.
1.7. National Insurance number.			
2. Taxi Driver's Licence			
2.1. State your taxi driver's licence number.			
2.2. When was the licence granted?			
2.3. When does it expire?			
2.4. State the name and address of the operator whose vehicle(s) you will drive.			

2.5. State the registration number(s) of the vehicle(s) you will drive for the operator, if known.		
3. Reason(s) for Exemption		
3.1. State whether you are applying for exemption in terms of section 164A of the Equality Act 2010 or section 165 (designated wheelchair accessible vehicles) or both.	Section 164A	Yes / No
	Section 165	Yes / No
3.2. State any medical grounds affecting you which you claim entitle you to exemption. You must attach a letter from your GP in support of your application.		
3.3. State any physical condition affecting you which you claim entitle you to exemption. You must attach a letter from your GP in support of your application.		
3.4. State any physical characteristics of the vehicle(s) which you drive which support your application and which you wish the Council to have regard to.		
3.5. State the name and address of your GP (the Council may require you to undergo a medical examination).		
4. Any Previous Exemption		
4.1. Have you ever applied for exemption before?	Yes / No	

4.2. If Yes, was your application successful?	Yes / No
4.3. If refused, when was it refused?	
4.4. Which Authority approved or refused the application?	

Declaration by Applicant:

A. I declare that the particulars given by me on this form are correct to the best of my knowledge and belief.

B. I confirm that I have read the accompanying Guidance.

C. I understand that the Authority is required to collect the information supplied by me as detailed in this form in terms of legislation to enable it to make decisions on applications.

D. I understand that the information supplied by me as detailed in this form may be held and used by the Authority for the purpose of Licensing and that information may be disclosed to Police Scotland and other relevant parties for vetting and background enquiries whilst processing and determining the application.

E. I understand that the Authority is under a duty to protect the public funds it administers and to this end may use the information I have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Signature of Applicant.	
Signature of Agent: (if applicable).	
Date.	

Any person who in, or in connection with the making of, this application makes any statement which s/he knows to be false or recklessly makes any statement which is false in a material particular shall be guilty of an offence and liable, on summary conviction, to a fine.

To be lodged with Legal Services, Orkney Islands Council, Council Offices, Kirkwall, KW15 1NY, together with the appropriate documentation. Version: 2022-09-13.

For Official Use.	
Date Received.	
Expiring.	