

BOROUGH COUNCIL OF WELLINGBOROUGH

TOWN POLICE CLAUSES ACT 1847, PUBLIC HEALTH ACT 1875 AND
 LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976
 APPLICATION FOR A LICENCE TO DRIVE A PRIVATE HIRE VEHICLE
 THE CURRENT FEE FOR A NEW PRIVATE HIRE DRIVER'S LICENCE IS £244.40
 FOR 3 YEARS

PLEASE USE BLOCK CAPITALS

Surname of Applicant:	
First Name(s):	
Previous Names or Aliases/also known as	
Date of Birth:	National Insurance No:
Address including Postcode:	
Postcode:	
Telephone Numbers:	Home:
	Work:
	Mobile:
Email address:	
Passport Number:	
Country of Issue:	
Do you have a right to work in the UK Right to Licence – please see additional information in pack for details of how to demonstrate this entitlement.	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you in the UK on any form of VISA. We will require a check code to prove your entitlement to work in the UK, details of how to obtain this code can be found at www.gov.uk/prove-right-to-work alternatively email to us please use licensing@wellingborough.gov.uk	YES <input type="checkbox"/> NO <input type="checkbox"/> Check Code Details:
Have you ever lived outside the UK? If so please provide details of where and for how long:	
Please name the Operator you intend to work for.	
Will you be working full or part time?	
How long have you held a FULL UK driving licence? (minimum of 12 months) (Applicants with more than 6 points on their licence will not be considered) In addition you will need to provide a check code for your driving licence to be validated –to obtain the code go to: www.gov.uk/view-driving-licence	_____ Years _____ Months Enter check code here, the code will be case sensitive, ensure it is written down correctly:

<p>Have you ever held or currently hold a Hackney Carriage or Private Hire drivers licence with another authority.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>If yes please give details:</p> <p>Type of Licence:</p> <p>Name of Authority:</p> <p>Date of expiry of Licence & Badge:</p>	
<p>Have you ever had an application for a Hackney Carriage or Private Hire Drivers Licence refused or had a licence revoked?</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>If yes please state:</p> <p>Type of Licence:</p> <p>Name of Authority:</p> <p>Date of revocation or refusal:</p> <p>Please state reason for revocation or refusal:</p>	
<p>Have you subscribed to the Disclosure and Barring Service Update Service –</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>If the answer is YES, do you give consent to the Borough Council of Wellingborough to carry out a status check on the certificate?</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
Date:	Signed:
<p>Please complete the following:</p> <p>DBS Certificate Number :</p> <p>Current Surname (as it appears on certificate):</p>	
<p>NOTE: If you have not subscribed to the Disclosure and Barring Service (DBS) Update Service, you will need to complete a Disclosure form and bring it to the Licensing office with all relevant documents for verification, payment (card payments only) and submission. It is a condition of licensing that all drivers subscribe to the update service, if you are unsure of how to do this please ask. Only the applicant will receive the results of the disclosure. To complete the application process you will be required to produce the original certificate to this office for verification before a decision can be made to issue a drivers badge.</p>	

Medical

Are you aware of any material changes in your physical or mental health since the date of the last medical certificate supplied to the Council that may affect your ability to safely undertake your duties as a licensed Driver:

YES NO

If **Yes**, please provide further details below:

Current Disabilities / Medical Conditions	Date(s)

Offences, Convictions and Cautions

Have you ever been convicted of any **Criminal Offences Including Motoring Offences**: YES NO

Have you ever been issued with a **Fixed Penalty Notice, Caution, Bind Over, Formal Warning or Anti-Social Behaviour Order**: YES NO

Are you required to have your name listed on the sex offender's register: YES NO

Are you currently subject to police bail: YES NO

Are you aware of any pending court cases: YES NO

Are you aware of any other circumstances (such as pending police investigations or legal action) that could affect the grant/renewal of your licence: YES NO

If the answer to any of the questions above is Yes, you will be required to complete the supplementary information document at the end of this application form.

DECLARATION - Please read carefully before signing your application.

1. I wish to apply for the licence as detailed above.
2. I am entitled to work in the United Kingdom, and have provided the necessary documentation to support this.
3. If the licence is granted I undertake to comply with the Council's policy and conditions governing taxi and private hire licensing and any relevant byelaws in respect of hackney carriages; the relevant provisions of the Town Police Clauses Act 1847, Public Health Act 1875 and Local Government (Miscellaneous Provisions) Act 1976.
4. Should I cease employment as a hackney carriage or private hire vehicle driver I will inform the Council and return the driver's badge and licence within 7 days.
5. I undertake to partake of sufficient rest and refreshment prior to commencing licensed driving.
6. I will immediately notify the Borough Council of any matters that may affect my ability to fulfill my role as a Licensed Driver.
7. I will immediately notify the Borough Council of any pending legal actions against me that may affect my working as a licensed driver.
8. I understand that the Council is under a duty to protect public funds it administers, and to this end may use the information I have provided for the prevention and detection of fraud. It may also share information with other bodies responsible for auditing and administering public funds for these purposes.
9. By signing the below you are consenting for the Borough Council of Wellingborough to request, and obtain on your behalf, information from the DVLA, Disclosure and Barring Service and the Police throughout the term of your licence. This information will include personal details, driving licence status, endorsements, penalty points and driving entitlements. In addition this will include any criminal investigations, convictions or cautions.
10. I understand that making a false declaration in this application could lead to revocation of any licence and / or prosecution.

Signature: Date:

Print Name:.....

NOTES

1. All parts of the application form must be completed and the form brought to the Licensing Department, where the applicant must produce his driving licence for inspection, a medical certificate (where appropriate) and two recent passport size photographs.
2. A badge which is to be worn by the driver when acting as such is supplied by the Council and must be returned when the licence expires or the licensee ceases to drive a hackney carriage or private hire vehicle.
3. The Council are prohibited from granting a licence in pursuance of this application:-
 - (a) if they are not satisfied that the applicant is a fit and proper person to hold a hackney carriage or private hire vehicle driver's licence; or
 - (b) if the applicant has not for at least 12 months been, and is not at the date of the application, the holder of a full licence granted under Part III of the Road Traffic Act 1972 authorising them to drive a motor car.
4. The applicant must produce a medical examination report completed by a G.P., on the official Council form as to their medical and mental fitness in regard to the driving and having charge of a hackney carriage or private hire vehicle. Any expense incurred in obtaining such a report shall be met by the applicant.

Providing the applicant maintains a current hackney carriage or private hire vehicle driver's licence further medical certificates will be required every six years up to the age of 45 years, from 45 to 65 years a medical will be required at 3 yearly intervals and over the age of 65 years a medical will be required every 12 months.
5. Applications will be determined in accordance with the criteria contained in the Council's policy document, AND The Disclosure and Barring Service, Code of Practice.

You are reminded that the local authority is required by law to participate in the Audit Commission's National Fraud Initiative, Data Matching Exercise.

The data matching involves comparing computer records held by one body against other computer records held by the same or another body to see how far they match.

This is usually personal information about individuals, such as name, address, date of birth, whether in receipt of any benefits, etc, and the computerised data matching allows potentially fraudulent claims and payments to be identified. Following any match, a further investigation is required before any decision is made, and it is not automatically the case that there is a fraud or error. Sometimes wrong payments are made because of a genuine mistake.

Further information is available on the Audit Commission website at

<http://www.audit-commission.gov.uk>

BOROUGH COUNCIL OF WELLINGBOROUGH

**Supplementary Information on Criminal Records History
For Applicants for a Hackney Carriage or Private Hire Drivers Licence**

**TOWN POLICE CLAUSES ACT 1847, PUBLIC HEALTH ACT 1875 AND
LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976**

This form is part of the application, and is required to be completed by all new applicant with any relevant criminal records history. It must be completed and submitted at the same time as the application form.

The details requested are intended to provide an applicant's account of the circumstances that led to being convicted of any relevant criminal offence(s). These details will assist the Licensing Authority to determine whether the applicant is a fit and proper person to be granted a licence.

Please provide a detailed description of the circumstances that lead to the committing of the offence(s).

All information provided will be verified with the Police and will be disclosed to the Licensing Sub-Committee when determining your application and any other agencies we feel appropriate.

Failure to provide a full disclosure, or making a false declaration may be an offence, and could lead to revocation of any licence and / or prosecution.

PLEASE USE BLOCK CAPITALS

Surname of Applicant:
First Name(s):
Date of Birth:
Full Current Address:
Postcode:

All sections to be fully completed

Offence 1	
Date of Conviction	
Offence Please state the relevant Act, Regulation or Byelaw and the relevant section or regulation.	
Convicting Court	
Penalty	
Circumstances of Offence(s) Please provide a <u>detailed description</u> below, of the circumstances that lead to the committing of the offence. <i>Please use a separate sheet if necessary</i>	

Offence 2**Date of Conviction****Offence**

Please state the relevant Act, Regulation or Byelaw and the relevant section or regulation.

Convicting Court**Penalty****Circumstances of Offence(s)**Please provide a detailed description below, of the circumstances that lead to the committing of the offence.*Please use a separate sheet if necessary*

Offence 3

Date of Conviction	
Offence Please state the relevant Act, Regulation or Byelaw and the relevant section or regulation.	
Convicting Court	
Penalty	
Circumstances of Offence(s) Please provide a <u>detailed description</u> below, of the circumstances that lead to the committing of the offence. <i>Please use a separate sheet if necessary</i>	

Your personal information – what we need and why

The Borough Council of Wellingborough collects and holds personal information about you, to process your application for a taxi licence. This information will include your name, address, contact details and other required information in this and the application form.

We use this information to:

- Assess your application and provide your licence if successful.

We may also use your information within the Council to:

- collect debts owed to the Council; and
- for other council services where the law allows or requires it, or to improve the service you receive.

What allows us to process your data?

We process your personal information in line with our legal obligations under the following legislation:

- Town Police Clauses Act 1847,
- Public Health Act 1875
- Local Government (Miscellaneous Provisions) Act 1976

Who do we share your information with?

We will only share information with other organisations where it is necessary, either to comply with a legal obligation, or where permitted under Data Protection legislation. This could include the need to disclose sensitive or confidential information to other organisations.

We may share your information with other organisations to prevent and detect crime/fraud including:

- The national taxi database
- the Police; and
- other local authorities.

How long do we keep your records?

We will only keep your information for the minimum period necessary, please refer to our privacy policy for timescales. All information will be held securely and will be securely destroyed when it is no longer required.

Your Data Rights and Our Privacy Statement

For further information about how the Borough Council of Wellingborough uses your personal data, including your rights as a data subject, please see our privacy policy on the council’s website at http://www.wellingborough.gov.uk/downloads/file/8214/environmental_health_privacy_statement_july_2018

If you are unhappy with the use of your personal data or for further information please contact the council’s Data Protection Officer at info@wellingborough.gov.uk

DECLARATION - Please read carefully before signing.

1. This form accompanies my application for a Private Hire or Hackney Carriage drivers licence with the Borough Council of Wellingborough.
2. I confirm I have provided a full disclosure of all relevant offences I have been convicted of, including pending prosecutions.
3. I confirm the description of circumstances provided is/are an accurate account of the offences I have been charged with or convicted of.
4. I understand all information disclosed on this form and all other documents submitted as part of my application may be verified and checked with the Police and other agencies, and by signing this form I consent to such checks taking place.
5. I further consent to the Police and other agencies disclosing all relevant information to The Borough Council Of Wellingborough.
6. I understand that making a false declaration or making a false statement may be an offence and could lead to revocation of any licence and / or prosecution.

Print Full Name:.....

Signed: Dated:

Office Use Only

This request is made under Schedule 1 Part 2, Paragraph 11 of the Data Protection Act 2018 which permits processing of special categories of data and criminal convictions data where the council is acting to protect the public against dishonesty etc. if the processing is:

- (a) is necessary for the exercise of a protective function,
- (b) must be carried out without the consent of the data subject so as not to prejudice the exercise of that function, and
- (c) is necessary for reasons of substantial public interest.

(2) In this paragraph, "protective function" means a function which is intended to protect members of the public against:

- (a) dishonesty, malpractice or other seriously improper conduct,
- (b) unfitness or incompetence,
- (c) mismanagement in the administration of a body or association, or
- (d) failures in services provided by a body or association.

Processing is exempted from notification or exercise of certain rights of the data subject under schedule 2, part 2, paragraph 7.2 which allows for personal data to be processed without notification where the function is designed to protect members of the public against:

- (a) dishonesty, malpractice or other seriously improper conduct, or
- (b) unfitness or incompetence.

Where the function is:

- (a) conferred on a person by an enactment,
- (b) a function of the Crown, a Minister of the Crown or a government department, or
- (c) of a public nature, and is exercised in the public interest.

Referral to Police required	Yes / No
State grounds for referral	<input type="checkbox"/> Relevant offences <input type="checkbox"/> Further clarification / verification required <input type="checkbox"/> Referral to Licensing sub-committee <input type="checkbox"/> Other – please state:
Date of referral to Police	
Date disclosure from Police is required	
Name of requesting Officer	
Signature of requesting Officer	
Date of review by Police	
Police comments on applicants description of relevant offences	Is the description(s) of circumstances provided by the applicant accurate for each offence? Yes / No
Is any further disclosure or correction required by Police?	Yes / No Please state what further disclosure is provided:
For completion by Northamptonshire Police	
Name and role	
Signature	
Date disclosure returned	

Please return to: healthprotection@wellingborough.gcsx.gov.uk