



REFUSE & RECYCLING COLLECTION SERVICES

APPLICATION FOR ASSISTED COLLECTION SERVICE

Assisted Collection Service is only awarded to residents who really cannot move their refuse bin to the collection point.

Please complete this application form submitting copies of all relevant supporting information. **ONE FORM MUST BE COMPLETED FOR EACH PERSON LIVING AT THE PROPERTY**

PERSONAL DETAILS

SURNAME: _____

FORENAME(S): _____

ADDRESS: _____

POST CODE: _____

DATE OF BIRTH: _____

DAYTIME TELEPHONE NUMBER: _____

MOBILE PHONE NO: _____

APPLICATION FOR AN ASSISTED COLLECTION

In order to ensure that only those residents entitled to an assisted collection receive this service we need to establish the following:

Please tick the appropriate box

I am unable to present my refuse bin to the collection point because:

REASON

- I am **physically incapable** of undertaking this task.
- I have a **permanent** disability, illness or condition which has been diagnosed by my doctor which prevents me undertaking this task.
- I have a **temporary** disability, illness or condition which has been diagnosed by my doctor which prevents me undertaking this task.

If **temporary disability**, please indicate the expected duration of your condition/anticipated end date:

- There is **no** other resident at the property who can undertake this task for me.
- Request for Part Return – Assisted Collection**
I am not physically capable of presenting my refuse bin for collection but am capable of returning my refuse bin to my storage point after emptying.
- Request for Full Return – Assisted Collection**
I am not physically capable of presenting my refuse bin full **or** empty.

Please provide details of your condition to support your application in the space below. Also include any relevant property/site characteristic (i.e. steps, steep drives etc) information that may affect your ability.

*****PLEASE PROVIDE EVIDENCE TO SUPPORT YOUR DISABILITY E.G. COPIES OF DISABILITY ALLOWANCE, ATTENDANCE ALLOWANCE ETC.*****

SUPPORTING INFORMATION

(All information will kept in the strictest confidence)

NATURE OF INCAPACITY:

PROPERTY/SITE CHARACTERISTICS AFFECTING ABILITY:

OTHER RELEVANT INFORMATION:

If you are entitled to an assisted collection you will be notified in writing. You will receive assisted collection stickers and be required to place these on your bin in the advised positions.

Are you capable of applying stickers to your refuse bin? Yes _____ No _____



All personal information provided to North East Derbyshire District Council will be held and treated in confidence in accordance with the Data Protection Act 1998. It will only be used for the purpose for which it was given, and may be shared with your GP or other third parties in order to verify your application.

DECLARATION

I certify that all information given in this form is true and correct. I understand that false information will result in the cancellation of the assistance. I will notify the Streetscene Refuse & Cleansing department in writing of any change in my circumstances.

In certain circumstances it may be necessary to require further information (e.g. from your GP). In making this application you also give your consent for North East Derbyshire District Council to contact third parties to verify any information provided.

Signed..... Date.....

**PLEASE RETURN THIS FORM TO:
NORTH EAST DERBYSHIRE DISTRICT COUNCIL,
STREETSCENE - REFUSE & CLEANSING,
ROTHERSIDE DEPOT,
ROTHERSIDE ROAD,
ECKINGTON,
DERBYSHIRE, S21 4HL.**

