



## REFUSE & RECYCLING COLLECTION SERVICES

### APPLICATION FOR ASSISTED BIN COLLECTION SERVICE

Assisted Collection Service is available to residents who have a disability, illness or condition which prevents them from undertaking this task of moving their refuse bin at the collection point.

If you think you may be eligible for assistance 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.

In certain circumstances we may require further information (e.g. from your GP).

**\*\*\*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 \_\_\_\_\_

**Using your personal information**

Your personal information will be used to assess your eligibility for the assisted bin collection and will be kept secure. It may be shared with third parties such as the Council's recycling contractor to enable the service to be undertaken. For more information on how we use personal information please visit our website [www.ne-derbyshire.gov.uk](http://www.ne-derbyshire.gov.uk) or call Customer Services on 01246 217610.

**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.

**Signed**..... **Date**.....

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

**OFFICE USE ONLY**

Initial Enquiry Date:     /     /    .

Form Sent:     /     /    .

Form Returned:     /     /    .

Supporting Evidence Received Y / N

Refuse Supervisor/Team: Y / N  
Input required

Date Requested:     /     /    .  
Date Received:     /     /    .

Validity Check Required: Y / N  
(i.e.GP/Social Services)

Date Requested:     /     /    .  
Date Received:     /     /    .

Visit Required: Y / N

Visit Date:     /     /    .

Application Approved: Y / N

Date Approved/Rejected:     /     /    .

Sticker sent to Resident with Approval Letter: Y / N

Type of Assistance Requested: Part Return

Full Return

Resident Advised by letter on     /     /    .

Resident Able to place Stickers on Bin: Y / N

Stickers placed on Bin by NEDDC Officer: Name .....

Date .....

Officer dealing with this Application .....

**Office Comments:**

[Large empty box for Office Comments]