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|  | **Application for an Assisted Refuse Collection Service** |
| Applicants Name:  | Are you happy to receive future correspondence via E-mail? \**Delete as appropriate* | \*[YES/NO] |
| Applicants Address: |
| Post Code: | Tel No: |
| E-mail address: |
| Please explain why you are applying for an assisted refuse collection service:*\*Please arrange for an independent assessor to complete the ‘Assessor’s section on page 2 of this form as a confirmation of the information provided.*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Does any other person live in the property?[Yes/ No]\* \* *Delete as appropriate*  |
| If YES, please explain why the other occupant/occupants of your property cannot assist with your bin.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *If necessary, please continue on another sheet and attach it to this form.* |
| By signing this application, you are giving Mid and East Borough Council permission for the information provided to be used to process your request. This data will only be used for the purposes of the request and will be processed in accordance with current data protection legislation. For more information see the attached privacy notice or visit our website [www.midandeastantrim.gov.uk/privacy-notice](http://www.midandeastantrim.gov.uk/privacy-notice). |
| **Applicants Signature:** | **Date of Application:** |
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| If you have any queries, please contact the Waste Helpdesk team via waste.helpdesk@midandeastantrim.gov.uk or via 0300 124 5000 .Please note that officers of Mid and East Antrim Borough Council may carry out periodic assessments and inspections. Successful assisted collection applicants will be reviewed approximately every 2 years after the approval date.If you are moving premises, or no longer require the service, householders must inform the Council immediately. |
| ***This section to be completed by the Applicants Healthcare Professional. (Doctor, social worker, professional carer etc.) It cannot be completed by a relative or friend, and you may be contacted to verify these details.*** |
| I                                            hereby confirm that the applicant is unable to present their waste (PRINT NAME) containers due to an existing medical condition. Relationship to applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organisation Name*:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Healthcare Professional Signature:** | **Date:** |
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| **Completed applications can be returned to any Council office reception, via the envelope provided or return by email to: waste.helpdesk@midandeastantrim.gov.uk** |
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| **Privacy Notice – Assisted Collection Service** |
| Mid and East Antrim Borough Council is collecting and processing your personal information to fulfil our legal obligation & public task in relation to managing requests across our services. We will keep your information secure, accurate and for no longer than is necessary in accordance with data protection laws.If you wish to find out more about how we control and process personal data and protect your privacy, please see [www.midandeastantrim.gov.uk/privacy-notice](http://www.midandeastantrim.gov.uk/privacy-notice) |
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| **FOR OFFICE USE ONLY - *This section to be completed by the staff processing the application*** |
| Date application received: / / | System Ref: |
| Application approved? [YES/NO]  | Date assessment completed: / / | Assessment completed by: |
| Tick if no crew change required | New Collection : Blk/ Brn Day [ ]  Crew [ ]  | Blue Day [ ] Crew [ ] |
| Processing | Officer | Date |
| Database updated |  |  / / |
| Routeware updated |  |  / / |
| Bryson Notified (*if applicable*) |  |  / / |
| Letter sent |  |  / / |
| Application scanned and saved |  |  / / |