

Application to have wheeled refuse/recycling bin taken to collection point



Name:

Address:

Postcode:

I confirm that I am not able to take my refuse/recycling containers to the required collection point.

I agree to inform the Council immediately if my circumstances change and I am no longer in need of the assisted collection service.

I understand that the Council reserves the right to remove the above property from its Assisted Collection List should my circumstances change and/or any adult living at the property is found to be capable of taking the refuse/recycling container to the required collection point.

Any householder who feels that they should be given this help but does not meet the criteria can use the Council's Complaints procedure to have their case considered.

If you meet the criteria a Council Officer will arrange to visit you to see the documents in support of your application.

Please tell us everyone who lives at your household:

Name	Date of birth

Please continue on other side

For office use:	Approved by Calderdale Council Officer:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Confirmed need for assistance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Updated SITA Assistance List:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please tick the boxes that apply

- | | | |
|--|------------------------------|-----------------------------|
| I need help with my wheeled refuse bin | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I need help with my recycling container | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have any relatives who could help you with this? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have any neighbours who could help you with this? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a carer who could help you with this? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I request permanent help because:

- I am 65 years of age or over
- I hold a Blue Badge entitling me to parking concessions
- I am in receipt of the Mobility Component of Disability Living Allowance
- I am in receipt of the Higher Rate of Care Component of Disability Living Allowance
- I am registered Blind or Partially Sighted
- ... and there is no able bodied adult living in my household.

Signed:

Date:

I request temporary help because:

... and there is no able bodied adult living in my household.

This could be, for example, because you have recently left hospital.

If agreed the help will be for three months.

You can apply again if you then feel you still need this help.

Signed:

Date:

Please give a telephone number or e-mail address below so that we can tell you whether or not you meet the criteria and, if applicable, arrange to visit you to verify your supporting information.

Phone no:

E-mail address:

Calderdale MBC will ensure that any personal information provided by you on this form will be treated in accordance with the provisions of the Data Protection Act 1998. Calderdale MBC is the Data Controller of the information you have provided on this form and is registered with the Information Commissioner's Office for the purposes of processing your personal information in relation to your application.

The Council must protect the public fund it handles and so may use the information you have provided on this form to prevent and detect fraud. The Council may also share this information, for the same purposes, with other organisations which handle public funds. The Council will not share your information for any other purpose without your explicit consent.