

Ref No (office use)	
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Application for Registration of Assisted Collection for Waste Services

1 Please complete both sides of this form and return to Waste Management Services, Falkirk Council, Dalgrain Depot, Dalgrain Indust. Estate, McCafferty Way, Grangemouth. FK3 8EB:

Customer name: Mrs/Mr/Miss/Ms	<input type="text"/>
Address of uplift:	<input type="text"/>
	Postcode: <input type="text"/>
Contact Telephone No:	<input type="text"/>
Date of Birth:	<input type="text"/>

2 If customer should not be contacted direct, please provide alternative contact details in the box below:

Name:	Relationship:
Address:	
Telephone No:	

3 I am unable to put my wheelie bin out for collection due to *(please state reason for application)*:

4 Is the application for this assisted lift *(please tick)*:

Permanent	<input type="checkbox"/>
or	
Temporary	<input type="checkbox"/>

If temporary, please state date when service will no longer be required _____
The service will automatically cease on this date, unless we are advised otherwise.

5 Please tick the appropriate boxes below to indicate which type of wheelie bin(s) are currently at the property and assistance is required with:

- | | | | |
|--------------------------------|--------------------------|-------------------------------|--------------------------|
| Green Lidded General Waste Bin | <input type="checkbox"/> | Burgundy Lidded Recycling Bin | <input type="checkbox"/> |
| Brown Lidded Recycling Bin | <input type="checkbox"/> | Food Waste Container | <input type="checkbox"/> |
| Blue Lidded Recycling Bin | <input type="checkbox"/> | Black Recycling Box | <input type="checkbox"/> |

6 In support of my application for an assisted lift I enclose one of the following (please tick the appropriate box):

- | | | |
|---|---|--------------------------|
| 1 | A medical certificate/letter obtained from my GP, Physiotherapist or other medical professional (for a medical condition that prevents the individual from taking a wheelie bin to the kerbside). The Council will not be responsible for reimbursement of any costs involved. | <input type="checkbox"/> |
| 2 | Relevant award letter (with a condition that prevents the individual from taking a wheelie bin to the kerbside). | <input type="checkbox"/> |
| 3 | A written reference from a Social Worker or Home Care Manager. | <input type="checkbox"/> |

7 Please confirm the following statements are correct by ticking the boxes:

I confirm that I am unable to put the wheelie bin(s) out to the collection point and require assistance in doing so.

I confirm there are no other persons living at this address or in the immediate vicinity that can assist me.

Any false information on this application will result in service being withdrawn

On your collection days, we will collect your bins and containers and return them after they are emptied. All bins and containers must be stored in an accessible location. Waste Service staff whilst carrying out an assisted collection will close any access gates where possible however householders remain responsible for securing any access gate and maintaining them in a safe working order

Signature

Date

Data Protection Act 2018

The information provided by you and by relevant third parties will be used in assessing your assisted lift application. It may include both medical and other details and may be shared with other appropriate professionals and service providers.

For Office Use Only

Application received	
Line issued for Officer visit	
Application approved / denied	
Letter sent to tenant	
Added to RDC spreadsheet	