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| **C:\Users\millara\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\PDKAH3J5\ANBC colour.jpg** | | |
| **Application for the Collection of Additional Domestic Waste Bins** | | |
| **Applicants Name:** | | |
| **Applicants Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Email Address**: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Post Code:** | **Tel No:** | |
| **How many of the following bins do you currently have at your property:**  **Black Wheeled Bins: [ ] Blue Wheeled Bins: [ ] Brown Wheeled Bins: [ Wheelie Box [ ]**  **What size of Black wheeled bin is currently at the property: [ 180l / 240l / 360l ]** \*Please circle as appropriate | | |
| **Do you have any other form of waste storage container at your property? YES/NO\***  \* *Please delete as appropriate* | | |
| **How many family members are permanently resident at your property? [ ]\***  **How many children in nappies are permanently resident at your property? [ ]\***  \*Please provide further details in the household section on the back page | | |
| **Do you operate any form of business from your property? YES/NO\***  \* *Please delete as appropriate* | | |
| If YES, please explain the nature of your Business and what arrangement you have in place for the disposal of waste resulting from your Business activities:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_  *If necessary, please continue on another sheet and attach it to this form.* | | |
| **Please explain why you require the collection of additional Domestic waste bins from your property:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *If the requirement is due to medical waste, please also get an assessor to complete the section on the back page* | | |
| **Please explain what steps you take to recycle waste produced at your property:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *If necessary, please continue on another sheet and attach it to this form.* | | |
| By signing this application, you are giving Antrim and Newtownabbey 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.antrimandnewtownabbey.gov.uk*](http://www.antrimandnewtownabbey.gov.uk)*.* | | |
| **Applicants Signature:** | | **Date of Application:** |

**Please note that all applications are subject to further reviews and some may be selected for**

**further assessment**

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| ***This section to be completed by the Applicants Assessor. (Doctor, social worker, professional carer etc.)*** | | | | | |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby confirm that the applicant requires an additional or larger bin   |  |  | | --- | --- | |  | (PRINT NAME) |   Relationship to applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_  Organisation Name*:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Assessors Signature:** | | **Date:** | | | |
|  | | | | | |
| ***Permanent resident’s details. To be completed by Householder*** | | | | | |
| **Name** | | | **Age** | | **Producer of Medical Waste? (Y/N)** |
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| ***FOR OFFICE USE ONLY To be completed by the Authorised Officer.*** | | | | | |
| **Application approved? YES/NO\*** \* *Please delete as appropriate* | | | | | |
| If NO, please give reason for refusal:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Authorised Officers Signature:** | | | | | **Date:** |
|  | | | | | |
| ***This section to be completed by Administration Staff:*** | | | | | |
| Bin Ordered | / / | | | Actioned by: | |
| Applicant Informed | / / | | | Actioned by: | |
| Customer database updated | / / | | | Actioned by: | |
| Route sheets updated for week commencing: | / / | | | Actioned by: | |
| Collection Crews assigned BLACK: |  | | |  | |
| Contractor informed (Black) | / / | | | Actioned by: | |

Privacy Notice – Additional Capacity Bin Collections

We are collecting information from you for the purposes of processing your request for an additional waste collection service. Information will not be transferred to countries outside the EEA. All information collected and processed may be subject to audit.   The Council may also process the information for research purposes carried out in the public interest.  All information will be held in accordance with the Council’s retention and disposal schedule (see <http://www.antrimandnewtownabbey.gov.uk/Council> ) and will be disposed of securely when no longer required.  You have a number of rights with regard to data we hold on you – for further information see the Information Commissioner’s website

<https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/>

If at any point you believe the information we process on you is incorrect you can request to see this information and even have it corrected or deleted. If you wish to raise a complaint on how we have handled your personal data, you can contact our Data Protection Officer who will investigate the matter:

Data Protection Officer Antrim Civic Centre, 50 Stiles Way, Antrim, BT41 2UB

T: 028 94 463113

E: DPO@antrimandnewtownabbey.gov.uk

If you are not satisfied with our response, or believe we are not processing your personal data in accordance with the law, you can complain to the Information Commissioner’s Office (ICO).