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| **C:\Users\millara\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\PDKAH3J5\ANBC colour.jpg** |
| **Application for an Assisted Refuse Collection Service** |
| Applicants Name: |
| 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 the back of this form as a confirmation of information provided*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*If necessary, please continue on another sheet and attach it to this form.* |
| Does any other person live in the property? **YES/NO\*** \* *Please 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 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, carer etc.)*** |
| I \_\_\_\_\_\_\_\_ hereby confirm that the applicant requires an assisted bin collection. (PRINT NAME)Relationship to applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organisation Name*:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Assessors Signature: | Date: |
|  |
| **For Office Use Only:** |
| ***This section to be completed by the Authorised Officer.*** |
| **Assessment to Supervisor YES/NO\*** **Returned** **YES/NO\***  |
| Application approved? **YES/NO\*** \* *Please delete as appropriate*  |
| **Authorised Officers Signature:** | **Date:** |
|  |
| ***This section to be completed by Administration Staff:*** |
| 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: |
| Collection Crews assigned BROWN: |  |  |
| Contractor informed (Brown) | / / | Actioned by: |
| Contractor informed (Blue/Wheelie Box) |  / / | Actioned by: |

Privacy Notice – Assisted Bin Collections

We are collecting information from you for the purposes of processing your request for an assisted 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).