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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: | Date of birth: | |
| 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 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 on this visit our website* [*www.antrimandnewtownabbey.gov.uk*](http://www.antrimandnewtownabbey.gov.uk)*.* | | |
| **Applicants Signature:** | | **Date of Application:** |

**NB 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 one of the following who may be contacted to verify details:***  ***Doctor, Nurse, Health, Social Care Professional or Home Care Worker.***  ***NB This section CANNOT be completed by a relative and MUST be completed in full.*** | | | | |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby confirm that the applicant requires an assisted bin collection.  (PRINT NAME)  Profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Organisation Name*:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postcode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Assessors Signature:** | | | **Date:** | |
| |  | | --- | | **Please return completed application in the Freepost envelope provided**  **or return by email to: waste@antrimandnewtownabbey.gov.uk** | | | | | |
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| **FOR OFICE 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: |
| 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: |