

Name																								
Address																								
Postcode														Tel No.										
Email																								
Please confirm if you are happy to receive future correspondence via Email.															YES/NO <i>(delete as appropriate)</i>									

How many of the following containers do you currently use at your property?

Container Type	Quantity	Container Type	Quantity
Black (domestic) bin 120L		Brown (garden/food) bin 140L	
Black (domestic) bin 240L		Brown (garden/food) bin 240L	
Black (domestic) bin 360L		Blue recycle bin (Larne) 240L	
Red/ BLACK Kerbside Box		Blue recycle bin (Larne) 140L	

Please explain what steps you take to recycle waste produced at your property:

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Complete Section A if applying for Additional Residual Waste containers

Section A.

How many people are permanently resident at your property?	
Do you or any other resident operate any form of business from your property?	YES/NO <i>(delete as appropriate)</i>

If Yes, please explain the nature of business and arrangements you have in place for disposal of waste from business activities below - continue on a separate sheet if necessary.

Please explain why you require collection of an additional domestic waste bin from your property below. Include types of additional waste generated (Continue on a separate sheet if necessary).

NOTE: if medical waste please also complete information in Section C and E overleaf

Complete Section B if applying for Assisted Container Lift

Section B. Please confirm which containers you need assistance with:

Container Type	Assistance required YES/NO	Container Type	Assistance required YES/NO
Black (domestic) bin		Brown (garden/food) bin	
Red Kerbside Box			
Blue (recycle) bin		Black kerbside box	

Please confirm the following:

I am physically incapable of leaving my bin(s) out.	YES/NO <i>(delete as appropriate)</i>
Is there any other person permanently living at this address that can leave my bins out.	YES/NO <i>(delete as appropriate)</i>

Please detail any other relevant information that may support your application below:

NOTE: if for medical reasons a Healthcare Professional is required complete Section D and E overleaf.

Please confirm your consent for the data within this application to be retained in order to process your request for service*	YES/NO <i>(delete as appropriate)</i>
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Householder Signature: _____ Date: _____

Section C, D and E below to be completed by a Healthcare Professional

(A Healthcare Professional could be a Social Worker, Health Visitor or your GP).

Section C. Additional Waste Capacity for Medical Reasons.

Dear Healthcare Professional:

Your client recently contacted us to request an additional bin capacity to dispose of medical waste for medical reasons.

In order for us to provide this service, we require a health professional to complete the information below to ensure we collect the right information.

Please note the council will only collect Group 5 items. It is responsibility for the resident to arrange for the disposal of Group 1-4 items with a registered collection service.

Please tick below as applicable:

Group	Description	Tick if appropriate
1	Includes the following items: identifiable human tissue, blood, animal carcasses and the tissue from veterinary centres, hospitals or laboratories. Soiled surgical dressings, swabs and all other similar soiled waste. Any infectious waste material excluded from Groups B-E.	
2	Discarded syringes, needles, cartridges, broken glass and other contaminated disposable sharp instruments or items.	
3	Microbiological cultures and potentially infected waste from pathology departments and other clinical or research laboratories.	
4	Drugs or other pharmaceutical products.	
5	Items used to dispose of urine, faeces and other bodily secretions and excretions that do not fall within group A. This includes used disposable bedpans or bedpan liners, incontinence pads, stoma bags, catheter bags and tubes and urine containers.	

Section D. Assisted lift for Medical Reasons.

Dear Healthcare Professional:

Your client recently contacted us to request, Assisted Waste Collections for medical reasons.

In order for us to provide this service we require either 1) a healthcare professional to complete the below or 2) to provide an evidence letter to ensure we collect the right information.

Please confirm that the householder is incapable of presenting their waste / recycling receptacles (bins) to the curtilage of the property due to an existing medical condition.	YES/NO <i>(delete as appropriate)</i>
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Healthcare Professional Sign: _____ Print Name: _____ Date: _____

Section E.

Practice Address: _____

Job Title: _____

Signature: _____

Print Name: _____

Date: _____

*Healthcare
Professionals
official stamp*

OFFICE ONLY USE:

Date App Received		T-Care Ref. No.	
Assessed by		Date decision sent	
Approved	Yes / No	Sent by	
Route Number		Collection Day	

**Mid and East Antrim Borough Council is collecting and processing your personal information to fulfil our legal obligation & public task in relation to managing requests across our services.*

We will keep your information secure, accurate and for no longer than is necessary in accordance with data protection laws.

If you wish to find out more about how we control and process personal data and protect your privacy please see www.midandeantrim.gov.uk/privacy-notice