**Assisted Waste Collection Service**

An assisted collection service is only provided to residents who cannot move their waste or recycling containers to the collection point for their property.

Please complete this application form providing relevant information where required.

**Personal details**

Full names of **all** residents at the property followed by age e.g. JOE BLOGGS 16 …….………………………………………………………………………………………………..

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……………………………………………………………………………………………………...

Address……………………………………………………………………………………………

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………………………………………………………………………………………

Daytime telephone number…………………………………………………………………….

Email address……………………………………………………………………………………

**What is the reason for your request for assistance, please tick the appropriate box:**

I am / we are **physically incapable** of undertaking this task

I have / we have a **permanent** disability, illness or condition which has been diagnosed by a doctor which prevents me /us from undertaking this task

Do you have a registered disability? Yes No

Are you a Blue badge holder? Yes No

**Are you in receipt of one or more of the following benefits:**

Disability Living Allowance (DLA), Personal Independence Payment (PIP) Yes No

Incapacity Benefit or Employment Support Allowance (ESA) Yes No

Attendance Allowance Yes No

Please detail here any other relevant benefits:…………………………………………………..

I have a **temporary** disability, illness or condition which has been diagnosed by my doctor which prevents me from undertaking this task

If **temporary condition**, please indicate the expected duration of your condition / recovery……………………………………………………………………………………

Please confirm that there is **no** other person who lives at the property who is physically able to undertake this task for you (over the age of 16 yrs).

**Please explain why you require assistance with your waste containers.**   
(Please provide details for all residents at the property)

**Detail any characteristics of your property i.e. steep or long drive, which affect your ability to present your waste containers.**

NB: Information will be treated with the strictest confidence.

**Name & address of GP (Must be completed):**

In certain circumstances it may be necessary to obtain further information from your GP. In making this application you give your consent for High Peak Borough Council to contact third parties and other internal departments to verify any information provided.

**Declaration**

**I certify that all information given in this form is true and correct. I understand that giving false or partial information will result in the cancellation of assistance. I will notify the Waste Collection Department of any changes in my / our circumstances.**

**Signed Date**